MENTAL HYGIENE

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THE MENTAL HEALTH OF THE TEACHER *

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IT would be easy, with such a topic as that under discussion, to amuse or interest ourselves with a rather startling sort of address. Recognizing the overweaning interest that present-day psychiatry has in the sexual adjustment of people and the fact that to a large extent the teaching group is composed of unmarried women, what an exciting time we might have disclosing the extent to which the unanswered sexual needs of these individuals are worked out upon the children placed with such naïve trust under their care!

That this is not an unusual type of approach to the problem before us is due to the peculiar situation in which psychiatry finds itself to-day. Most of us in this field have come from considerable earlier experience in mental-hospital work. We have had long schooling in the discipline of mental breakdown and tragedy. Now too frequently we approach this problem of health as if health were the absence of disease. We are prone to tell you much more about what you should not be than about what you should be.

I am quite convinced that mental health is something more than merely the absence of mental disease, just as I am sure that physical health is something more constructive and more

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The author offers here his apology for the almost curt way in which much of the material is dealt with in this paper. In an attempt to map the general characteristics of a large field, it has been necessary to be very brief as to many important details. Concerning some of these he has attempted amplification in articles appearing in other technical journals.

positive than merely the absence of the need for an operation or for other treatment. One might even go further and dare to say that teachers are themselves people and that mental health for them is probably no different from mental health for any one else. Without doubt, however, the profession of teaching presents certain peculiar hazards for the attainment of mental health. If we attempt here to assay those hazards, it is not with the slightest implication that they are any greater in number or difficulty than the hazards of any other group.

With this sketchy background, I propose that we attempt a positive approach to the subject of mental health—in the sense of attempting to outline what any one of us looks to life to provide for us. Just as in the matter of physical health we have fairly clearly defined the basic food and activity needs of the body, can we now state what, on waking any morning, any one of you will expect to have the day offer—or, indeed, will *need* to have the day offer in your own make-up and development and in your environment? The day might bestow upon you unlooked-for blessings—or even unwarranted ones. That is not the point here, where the effort will be to see whether it is possible to outline that minimum of mental health which one must find in the day.

It is my provisional thesis that one would look for five things:

1. *Security.*—The term "security" has been used in so many ways and has such a wide set of connotations that we must, for our present discussion, set up a definition that rather arbitrarily delimits the word to a certain meaning. For our own purposes, then, let us go back to the Old Testament, to the significant statement that a person born a Jew would be an especial treasure in the eyes of the Lord. The significance of this statement lies in the position that is to be given to a person, regardless of any of his attributes, just because of his birth in a certain family. Note that there is no question raised as to size, power, attractiveness—or even of I.Q.! Moreover, that special position could be predicted even generations before the person was born. Might I schematize this by saying that what I am terming "security" is that which rests upon the position that one has because of *who* one is rather than *what* one is or has?

The relationships dependent upon who one is are, I believe, largely, if not entirely, family relationships. I am rather certain that the healthy integrity of the family group depends upon the solidarity of that relationship which has certain ties regardless of what one is or has done. We express this in certain of our religious concepts—when we believe that God loves us because of who we are; rich or poor, intelligent or no, great or small—such qualities are of no importance. Notice also that the family pattern is continued here, so that we speak of God as the Father and of ourselves as His children. It is false and artificial thus to compass all of life into two words. However, they do rather clearly set off the difference between family relationships, in which the relationship itself gives status, and all other social relationships, in which the position of importance is based upon vocational ability, place of residence, professional training, I.Q., and so forth. (Parenthetically, one frequently sees a crossing over from one field to the other. Thus one hears of marriages dependent upon what one has instead of upon this queer "who one is" relationship. Similarly, one sees children who have their place in the family largely because of what they are—arriving and growing in the group only that there shall be another generation of Smiths at such and such a college, accepted or criticized in the group solely on the basis of what their merits are in comparison with those of other children in the family.)

Thus I look to life to provide in the midst of all of its problems a sort of haven where I have a place—an assured place—because of who I am, rather regardless of what I might happen to do or not do for the day. Undoubtedly many of us get this very satisfactorily in our religious life. Battled by baffling forces, we derive courage and the ability to carry on from this assurance that the mere fact that we are persons assures us "security." It has been my feeling, however, that this security comes to most of us in our family relationships. This would mean that I would state the first need for mental health as the presence in our lives of some quite adequate family tie—the close proximity through visit, letter, or actual habitation of one or more persons from whom we have a sense of security coming from the fact of *who* we are.

Are there any special hazards to the attainment of this in the teaching profession? One would feel that a profession which in general demands that a woman remain unmarried would tend very definitely to offer such a hazard. Whether this means that teachers should marry and remain in the profession, we will not discuss here, as it involves many other considerations. From the point of view solely of the mental health of the teacher, this would seem a wise step. Certainly it would allow of a healthy objectivity as to school work and pupils which every teacher should have.

2. Temperament.—The terms extraversion and introversion have become fairly well accepted in our general vocabulary. I would suppose that you had, each of you, a fairly clear notion of what the terms imply—so clear that you would be quite amazed at my statement that efforts at accurate definition have ended in a complete muddle and that a fair group of worthy scientists wish to throw out the attempted distinction entirely. I would not do great violence to your thinking were I to say that in extraversion there is involved a certain "friendliness" with the environment, with physical reality, a sort of facile flow of action and reaction between the individual and his environment, that there is a certain at-easeness about the reception of the events of reality and equally a facility in response to those phenomena. The extravert, we think, "gets things off his chest"—reacts immediately and directly to his environment. The introvert is a rather different sort of creature. He mulls things over; he is "even-tempered," absorbing the shock of the things that happen to him and responding only later or in symbolic ways. (May I say, parenthetically, that there exists a most interesting dilemma in this matter of introversion and extraversion? I think there can be little doubt that the latter represents the more healthy type of individual adjustment. On the other hand, every great culture has sought to augment its introverts. Extraverts may be much healthier people, but they are not particularly comfortable souls with whom to live. Tigger, with his bounciness, is too sudden about the house for a civilization that may feel very skeptical about its Eeyores, but that nevertheless finds them a much more acceptable group.) In saying that you will look for a mild degree of extraversion in your make-up, I

am in general saying that you are looking toward living in the world as it actually is rather than in the world as you wish it were. If you say to me that the great thinkers and dreamers of the world have been introverts, I would agree, but would still say that for us of the common clay introversion means much of futile phantasy, living on the other side of the street, and all those other bedraggled daydreams which, like opiates, lull us for the moment only to bring their inevitable unhappiness and search for further sleep.

As to special hazards in the teaching profession, the school set-up tends to favor introversion. In general, the school child who reacts to a situation that is unfavorable to him becomes a "conduct problem." We, and others, have tried the experiment of asking teachers for the three biggest problems in their rooms. Invariably they name the extraverts. The teacher herself must be the example for her room, and I would imagine that there would be no disagreement with the statement that in most schools the teacher experiences for several hours each day the necessity of outward constraint and the development of habits of introversion. I am not saying that this is wrong. I have tried above to indicate that this adjustment is more or less of a necessity in organized society. What I am saying is that the school experience largely favors introversion and that from a purely personal point of view that is not a healthy adjustment.

A few years ago (before the present day of skepticism as to whether there is any such thing or no) there was an interesting study as to the percentages of introverts and extraverts among those who had been teaching two years and those who had been teaching twenty years. There was found a marked increase in introversion amongst those who had been exposed to the teaching profession for the longer period. The first conclusion—that teaching is an introverting kind of job—did not seem so tenable as the conception that the extraverts had been "drained off" into marriage. For either conclusion, I would feel that our earlier statement would hold—that there are perhaps hazards in the teaching profession against extraversion.

Where, then, does mental health lie for the teacher? I think that you know the answer, for it is precisely in the schools themselves that we are seeing the beginning of an

acceptance of the essential healthiness of the extraverted temperament. Note the growing tendency to let children *do* things. Is not your whole activity program in part an effort at giving easy releases and at providing facile expression for the inner life of the child? Again, are not your visiting-teacher movement and, in a few instances, your more enlightened steps in the better socialized attendance departments efforts at redirecting the expression of your extraverted child instead of trying to damp down his expressions?

3. A Healthy Group Relationship.—If you wake in the morning with a pain in your abdomen, you are worried. One of the main elements in this worry is lack of knowledge as to what the pain is. You go to the doctor. After due questioning, he announces that you have appendicitis. You feel better. He has not as yet relieved the pain, but in giving it a name he has brought it into the realm of the known. He has made you like other people. You have had many friends with appendicitis; it isn't so long ago that the possession of this trouble was almost a social necessity. My point is the craving to be like others, to feel that your pain is not due to some vague, unknown terror. Well, you go to the hospital, deposit your appendix in a formalin-filled bottle, convalesce, and come to your day to go home. It is then that the good doctor tells you the other side of the story, which you equally need and crave. He has already said "good-by" when he turns to add, "By the way, you had the longest appendix I ever saw"— or "the shortest," or "the greenest" or "reddest" or "easiest to get out" or "hardest"; you don't care what it is as long as he has made you different from any one else.

I call this the paradox of life—this inextricable interweaving of the need that each of us has to be like every one else with that to be unlike any one else. If you come to my office, it will be first of all with that haunting sense that I know about your type of trouble. I've seen it before, haven't I? It isn't anything peculiar—abnormal? Other people are like this, are they not? Oh, yes, but let me once say that you are like every one else—that this is a typical picture which moves always in a certain way—how you will battle that! How sure you are that you haven't quite explained it all to me! Or turn to that greatest of psychiatric ven-

tures—the purchase of a hat. It must be what they are wearing this year, it must be in style. Yes, but you are just as anxious that it be not "something you're going to see a dozen people wearing every time you go out."

The paradox of life: to want to be for the most part the follower, doing what others do, living as they live, lost in the crowd, yet to want also one little corner in life where one is the leader—is different. Those who are in every way leaders are quite as lonely and unhappy as are those beaten and unhappy ones who are in every way followers.

You will recognize that I'm not talking about anything more startling than the necessity of a hobby. Perhaps you are the best checker player in your group, perhaps you have unusual gladioli, perhaps it is in the history of Italian pottery that you lead. The subject is immaterial. The point is that when life beats upon you, when there seems nothing for you but to follow here and follow there, it is absolutely essential that the still, small voice can say, "But wait till they come to gladioli!" It is here that you fill that need of being different, of being looked to.

Are teachers any less prone to the development of hobbies than other groups? Sometimes I shout yes; at other times I'm just as certain that this is a failure quite common to all people. I must confess that one sees a great many teachers who dread terribly the time when they must stop teaching—who have nothing else, no little corner of rich resource. I am quite ready to have the teacher interested in her profession, to have her give of her best. And yet certainly the best among your group have a feeling pretty often during the day's routine that there is some cherished task at home to be done—something that is your own—and just a little resentment that the day's task keeps you from this particular hobby. It's all a matter of looking upon the laying down of your professional work as a sort of happy release for that little special corner of life that is just your own.

4. *Integration.*—The fourth thing one would look for we might term "integration." Here, again, some interpretation is required. When one says "I am" to do so and so to-morrow, one implies a certain unity of the personality. If you look in upon yourself, you will find that the use of this "I" is scarcely correct. You have the picture that you

are several people. Sometimes you scarcely know yourself; one of your "I's" does some particularly mean thing that the rest don't at all understand. You have an "I" that teaches, another that is off to dances and various other gaieties; there seems to be yet another sort of "I" in your affectional life. Often the language and attitudes of these various "I's" are different, yet with all this there is a certain core—a certain something that makes the whole thing hang together—and this you think of as your "I," accepting the fact that, after all, it is a sort of federation of these more or less closely interwoven units of personality. There are two questions which raise themselves here.

The first comes out of the interesting, if disturbing, fact that our entire modern culture tends to separate our various "I's," to split us apart and to specialize us. You go to one place and do one thing to earn a living; you go elsewhere for your recreation, and so forth. Particularly is it true in the life of large cities that we markedly specialize our interests—that we take ourselves apart, living to the full in each environment that part of our needs which that environment answers. (One is intrigued here by a situation which is close to what we are discussing—namely, the way in which we are actually taking people apart. We have the movies, where we specialize highly only in what we can see of people, or the radio, where we just as highly specialize only in what we can hear of people. From this point of view the talkies are an interesting sort of reintegration of people.) I would feel that in the matter of integration you would look for something to-morrow morning that gave some common thread or meaning to these various "I's" of yours. Let us say that you will look for some Constitution or Articles of Federation which will give to your various selves certain autonomous freedom and yet give you the feeling, at least, that these various selves had certain common interests and goals and that they could live together without too much trampling on one another's toes.

But there is another sense in which you will look for this integration. To illustrate, we are well sensitized to the physical weaning of the child. We know that he starts out very dependent upon an easily digested sort of food and that within a certain number of years he must be quite at his

ease with any sort of pabulum that happens to contain the proper amount of the various necessary matters. We are also somewhat, though less well, sensitized to the emotional weaning of the child. We say that he starts out completely dependent upon his parents and other adults and that he must grow to the point where he is entirely independent of these people. Thus we say that life is largely a process of growth from being the son of Mr. and Mrs. Smith into being John Smith. What I hear very little about and what is just as important is the need on the part of adults to wean themselves from the child. That is so much harder! Is it not enough in life that we have to become independent of all the warming, comforting protection of our parents that we must now begin all over to make ourselves independent of our children? It is not what we do for our children that represents the true stature of our adult years, but what we are willing not to do for them.

If, then, I say that one looks for integration, it is not only in the sense that one shall be able to gather about one's self one's little group of personalities, but that in this federation there shall be a certain completeness that enjoys children, enjoys other people, but does not *have* to have them. I am not discoursing here on the advantages of the hermit's life. By all means one must feed upon the richnesses of social companionship, yet building enough in one's own life so that while one cares for many others, one is not dependent upon them. So many people are "afraid" to be alone, having some sort of panicky feeling of incompleteness in their own personalities.

Integration, then, has to do not only with the federation of the facets of the personality about some goal or aim, but also with the building of a certain completeness or adequate richness in that personality. The teaching profession rather peculiarly presents a hazard here. You are presented year after year with children who very naturally tend to depend upon you. Moreover, the more traditional schoolroom setups have strengthened this situation in their regimentation of the children under the teacher instead of accepting the growing view that the teacher is herself but a part of the whole federation of the schoolroom, in which each individual should make his own contribution. I am not pointing teachers

out as "worse" than any other group; this lack of completeness of the personality is something that one sees all too frequently in every sort of group. I am only attempting to show here that the set-up of the school situation itself offers a special invitation to the teacher not to wean herself from the comforting dependence of children.

Here, as before, we see in certain developments within the school the pattern for mental health. Here and there we see schools timidly reaching out toward a trust in the child and in his ability to make his own judgments. There is yet a long way to go—and perhaps long before school systems can install methods involving much more independence for the children, they must have more teachers who can afford to let the children be independent. It may be well for me to build my house amongst others—to have the variety, the stimulus, the warm affection that all of this means. But if the house is built there, it is nevertheless necessary that it be so built that were some disaster to destroy all of the other houses, it could stand alone and give me still a solid roof and walls that could withstand the wind.

5. Success.—One more definition. By "success" I don't believe that any one of you means either notoriety or notableness. For no one of you have moments of real success anything of fame or wide acclaim. I'm almost sure that you would say to me that your great moments came when "nobody else would do." Sometimes it is in the schoolroom, sometimes in a small group, sometimes just with one other person—those rare moments when you can do some thing, say some word, give some counsel, play some part that is beyond the ability at that moment of any one else in the whole world. I know a boy beaten everywhere he turns. His I.Q. is low. Teased and taunted on the street, he finds no solace in his own family, where again he is the laggard. But the light of satisfaction shines in his eyes—because as he goes home from school, his dog meets him, and for that dog "nobody else would do." Most of life is for us all a pretty drab and routine affair. Yet we live it, and are happy in it, because of these moments (once a day, once a week, sometimes once a month) when in our homes, in the schoolroom, in the needs perhaps of only one other person—"nobody else would do." I suppose you often wonder why

some people who seem to have nothing in life are so happy. You ask about the harassed mother of a large family, poverty-stricken, with never a minute free from worry or trouble. Yet often such a person lives what many of us with much more of material welfare can never experience—those cherished moments when nobody else, for those particular children, in those particular conditions, would do.

I have thought that in certain ways the teaching profession presented here again peculiar hazards. You will note, of course, that success, in the sense that it is used here, may appear in any situation, but there is going to be somewhat more difficulty in its appearing in routinized situations than in situations where there are constantly new adjustments to be made. Would you not think it possible that because the teacher is classically merely the purveyor of information in a system in which she has little individuality, perhaps there is less chance for success in the sense that I have used it than there would be in certain other professional set-ups? Here, again, the individualization of the schoolroom and its work is distinctly a step in the right direction.

There is a second reason why success in the sense used here seems to be particularly difficult of attainment by the teacher. Teachers are to such a great degree on the defensive. There has developed over them, particularly over the last few years, such an overwhelming weight of supervision, which certainly, for most systems, means criticism. Admittedly, perhaps most of this occurs during the two years before tenure has been established. There is a further difficulty here in the criticism that comes from her public. It is my experience that to-day schools and teachers are being artificially forced to be what one calls "modern" in their work. One is amused at the types of school experience that go under that name. A teacher may be the same dictatorial tyrant that she was, but if she has a few new words and an apparently new method, she calls her work modern. It seems to have escaped people that it is possible to be as tyrannical in forcing "liberty" upon people as it is in forcing conformity. What I am trying to say is that we would not be seeing these marked and bizarre efforts to appear different if the teacher were not fundamentally on the defensive as to her methods.

Finally, in this matter of success I have wondered about the effect of tenure. What is it that happens to any individual who has been under considerable criticism and supervision if you suddenly tell her that her place is secure just as long as she doesn't do anything glaringly out of the ordinary? I am not talking about the destruction of tenure, but trying for a moment to assay with you the possibility that with all that it means of stability, better school system, and so forth, it is at least possible that it represents too much stability for the individual.

In what I have called "success" there has been the element of change, of new situations and challenges in human interrelationships which should give to the teacher feelings that there are times when her relationships in the school can be filled by her in a little different way than they could be by any one else in the world. I have tried to see whether the set-up of the school situation does not of itself rather tend to make it difficult for this type of experience to occur.

SUMMARY

There are certain other things that we might include in this search for mental health. For instance, I have been becoming somewhat more certain that the day should provide certain challenges that are in step with the cadence of our own personality development. That is, the personality unfolds itself as a flower does, and is it not, perhaps, an essential of mental health that the experiences to which that personality is exposed should be as varied and as carefully graduated as the amount and character of light or rain that should at various times meet the needs of the flower? About this I am not altogether sure.

What I do feel some confidence about is the type of approach that has been ours this evening. We have simply assumed ourselves waking some morning and looking out upon the day with the question as to what of mental compensations and satisfaction it should offer. This is a positive approach. We haven't said much of anything about what factors of illness or disappointment should be absent. You or I may feel, as the days go by, that the actual catalogue is incomplete or inaccurate. That has not particularly concerned me this evening. The important thing is a certain

way of thinking about the subject. There is a rather well defined feeling on my part that it will only be through such an approach that we will ever come closely to the problem of what constitutes mental health.

In this search for what might be termed the positive factors of mental health, I have outlined five points for attainment. These have been elaborated in somewhat homely fashion, but those who care for more gilded terminology will see that I have in general stated mental health in terms of an adequate adjustment to (1) security, (2) reality, (3) authority, and one's feeling of adequacy as to (4) one's self, and (5) the environment in which one finds one's self.

There remains only the question as to the method of attaining this mental health. No one to-day knows the answer. I shall, for the teacher, content myself with three suggestions, which seem important, though they in no case go to the heart of the matter.

The first thing that I'm fairly sure of is that the attainment of mental health is to a great extent a personal affair. The development of psychiatric clinics and psychiatric literature has recently given to many people the notion that there are magical fountains of health (the rebirth of the myth of the fountain of youth). But it is to-day just as true as ever that one doesn't get anything more out of life than one puts into it. Various experts in contentment or happiness or mental health may give us aid in looking at ourselves and our problems. Indeed often our more serious trouble is not in the facts involved in a situation so much as the involved way in which we have looked upon those facts. In this matter of attaining a certain objective way of looking at our problems, probably the psychiatrist and his group can be of real assistance. However, the task of attaining mental health probably remains almost entirely a personal matter to be worked out by each individual.

As you know, there has been a very definite movement in this country toward giving "in service" training in mental hygiene. A good deal of this work has been directed toward helping the teacher to a better understanding of the types of problem that come before her in the classroom. Obviously, it would be my own feeling that where mental hygiene of this sort was correctly presented, the teacher would receive

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great value for her own life. It has well been said that over the last thirty years we have been discovering that the problem child is really the problems of the child. On that basis the best type of study of difficult children should by all means lead to a better understanding on the teacher's part of some of her own difficulties. There has been rather a widespread development of this work in extension courses, and so forth, for the person actually teaching. Perhaps a bolder and more fruitful step has been undertaken in at least three of the normal schools in the country through carrying this type of approach into the very early part of the training of the teacher. I have personally had some question as to how much you can teach prospective teachers about things that they have not yet experienced. It would be my hope that the development of all of this type of approach (which is valuable) might be rather largely concentrated over the period following perhaps two years of teaching, so that you would have the teacher sensitized to the problems which are hers, but not as yet crystallized in her reaction to them. It has seemed to me possible that the schools might at some time construct a sort of review seminar of the work of the normal school as a final requirement before giving tenure. Certainly the teacher who is worth while must have found in those first two years a rather new orientation.

Finally I should like to take just one moment to ask you whether we are not making a mistake in stressing so seriously teacher training (even in the earliest years). I wonder if the problem is not very much more that of teacher selection. I am interested in the fact that of the teachers whom I know who are not well adjusted, I can now say that if I had known them when they were fifteen years of age, I would have strongly opposed their entering teaching. This profession involves so much beyond the person herself. We have the happiness and development of a large number of children at stake. Has not society on this basis more of a right to select its teachers than is inherent in the somewhat chance view of the situation now given to the appointing authority? Admittedly, the appointing authorities may have at hand an enormous amount of information concerning the prospective teacher. On the other hand, I do not

know myself of a single group of appointing authorities in this country who at the present time have the slightest means of knowing whether a prospective teacher has met in her own life the needs that I have tried to outline this evening. I am rather sure that you will agree that these needs are important, that they are a part of health. I am also rather sure that you will agree that if the school set-up is to be a series of human interrelationships rather than a sorting and sending platform from which bales and barrels of data are dispensed to children, then it is of the highest importance that we more and more emphasize the sort of thing that I have called mental health this evening. Those of us who are actually in this work are still in high question as to how far these things are born in a person and how far they are acquired during life. I think that we are in rather close agreement that the amount acquired during life is largely acquired through the first fifteen years of life. This ought to mean that we could select, either in the first or second year of normal school, those who stood the highest chances of becoming healthy teachers. We would make a good many mistakes; we are not as yet ready fully to undertake such a task. On the other hand, I am pretty certain that it is along this line that our future steps must go—meaning that the teacher-training centers will be given the widest facilities for understanding the *entire* student who is theirs and unquestioned authority to sift and select their material on that basis. Teacher training is, and will long remain, important, but our real goal is teacher selection.

MEDICINE, RELIGION, AND THE INFIRMITIES OF MANKIND*

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HISTORY affords us a colorful account of the interplay of medicine, religion, and the infirmities of mankind. The contributions both of medicine and of religion in the field of these infirmities have been considerable, by way of aggravation as well as by way of alleviation. In as much, however, as the aim of both medicine and religion has been that of alleviation, both contributions are perhaps best understood through an inquiry into the way in which each has conceived its aim and attempted to realize it.

Early in our history the powers of physician and priest were vested in one person, but the progress of civilization has tended to separate the body from the soul—soma from psyche[1]—and physician of the body from physician of the soul. To be sure, this tendency never quite ceased to be combated by enthusiastic monists. (While science insisted that the only reality was matter, Bishop Berkeley stood up on the platform to make the same claim for mind.) But even the various monistic hypotheses tended rather to confirm the separation of soul from body, priest from physician. Philosophically and practically, this is very convenient: the body can be treated in terms of cause and effect, and the soul in terms of purpose or goal.

The soul, disciplined to ethical functioning and communion with God, through the ministrations of its priest was to be saved. The body, although it might be preserved more or

* The subject matter of this article was presented in brief at the Third Annual Conference of the Council for the Clinical Training of Theological Students, September 3, 1932. It was presented essentially in its present form (except for considerable additional scientific material which has been omitted here) at a meeting of the Committee on Religion and Medicine of the Federal Council of Churches and the New York Academy of Medicine, November 29, 1932.

[1] The word "psyche" will be used in this article throughout where such words as "soul," "mind," "spirit" might be expected, because it is more all-inclusive than any one of these.

less intact by its doctor for a period of years, was to be discarded, and was, therefore, of relatively minor importance. It is only recently that any very general conviction has arisen that ethics or religion may be of importance to the body, and physical health to the soul. Two very disconcerting experiences of modern medicine have been the thwarting of our usually reliable therapeutic measures for the soma by situations in the psyche, and the curing of so-called organic illnesses by treatment directed toward the psyche.

This rediscovery (for the physician-priest, as already noted, treated body and soul together) has thrown us into considerable confusion. For what, after all, can a doctor be expected to know about God and salvation, or a priest about the preservation of the body? From this dilemma both are plunging into a study of the psyche. Psychiatry is expected to correct the inadequacies of old-time medicine and religion alike.

In the middle of the nineteenth century, Claude Bernard spoke of the importance of the *milieu* of the interior, and he has been acclaimed as the first physician to take account of it. He was speaking of the inner world in physiological terms, but nowadays we use this phrase also in a psychological sense. Of course, for centuries religion had been familiar with perils attacking from within. It had seen men possessed by evil spirits and it had exorcised them. It had seen body and soul rent in the conflict of human passions. As medicine was becoming aware of the importance to the patient of what we may call his inner world, the representatives of religion were beginning to see that certain of these inner perils belonged to the province of the physician, and that the structure and functioning of body and mind were factors that could be disregarded no longer. Now all of us are coming to speak in terms of psyche-soma, or organism-environment, including relationship to the universe at large.[1] But this has mixed up the precincts of priest

[1] Often expressed as *Weltanschauung*, a word introduced in Central Europe and almost impossible to translate. The usual translation, "philosophy of life," gives too intellectual an emphasis. The word implies one's attitude toward the universe, including affective, intellectual, and conative elements. Jung has translated it "a conceptually formulated attitude." See *Contributions to Analytical Psychology*, by C. G. Jung. New York: Harcourt, Brace and Company, 1928. p. 141.

and physician, our categories of causality and finality, our concepts of structure and function, and the whole of our practical therapy.

Psychiatry was the first branch of medicine to emphasize the fact that, in addition to reasoning on the basis of cause and effect, purpose must be taken into account, or at least the direction in which the individual is developing. Clinicians have known this for a long time and have used the concept, consciously or unconsciously, in all their prognoses, but they have stood so much in awe of the pure scientists who have handed them their tools that they have been loath to confess it too openly. The fact has remained more or less a professional secret, almost an unconscious one. In the meantime science has continued to revolve in the circle of cause and effect, and the priest to speak of purpose in the universe.

Psychiatry, again coming into the gap, speaks of the necessity for both points of view and both types of reasoning. The psychiatrist is aware, in considering his patient, that it is important to ask not only what sort of a man is he now (what is, in him, the relation between psyche and soma, organism and environment, and what his *Weltanschauung*), not only what interaction of forces in the chain of cause and effect have tended to make him what he is, but also in what direction he is tending. An example is the invariable question put to a patient of a mental institution when he comes before the staff for question of discharge: "What do you expect to do when you leave the hospital?" In the judgment given, there is no more determining factor than the way in which the patient meets this question. Has he, or has he not, a plan? Is it, or is it not, probable that he will be able to execute his plan? Does he know where he is going?

Now this question as to the direction in which the personality is tending, the priest has asked from time immemorial, be he the wise man of the tribe, the scholastic theologian, or the modern emotional reformer. (Are you going to Jesus? Are you saved?) Every religion abounds in terminology referring to "the way," from Tao in the Orient to the Christian "Follow me. I am the Way, the Truth, and the Life." The assumption has been that, whatever may have been the biological and functional develop-

ment of mind and body, calling upon God and the resultant intervention of supernatural force have power to change the direction of development to a right angle, or even to a complete reversal of 180 degrees. From the point of view of psychology, we can say a little more now about this change of direction, one type of which has been called religious conversion, than we could some years ago. But the fact remains that from earliest times the priest has asked, "Where are you going?" and the physician, "Where *are* you? What brought you here?" The physician considered it not particularly his business to ask the patient where he was going. On the other hand, the where-and-what-are-you was, for the priest, no matter of difficult analysis. He had it in a formula: "You are a soul to be saved." What brought you here was expressed with equal readiness: "Your obedience to the powers of good or of evil." The priest thus spoke by necessity in terms of purpose, and the physician in terms of cause and effect. So much for history.

It looks to-day as if the physician who brings in psychiatry must speak in both causal and directional (or final) terms, and as if the clergyman must do likewise. It will be a long time, however, before psychiatry changes the primary emphasis of either one. Perhaps this is fortunate.

In what we have just said, however, there is implied a further distinction in function as conceived by physician and priest. The priest having asked, "Where are you going?" and the physician, "Where are you and what brought you here?" both are faced with the question of the next step: In what direction, and by what means, will you go on? It has been the physician's task to restore so far as possible a normal function. This has meant, for example, care of the fractured bone. More and more, however, physicians have been coming to find that in addition to the fractured bone, attention must be paid to the general physical condition of the patient, his nervous equilibrium, and even, now and then, his family or his job. In other words, the aim is coming to be more and more the restoration of normal function, not merely of the part, but of the whole in relation to its environment. In all of this, however, the attention of the physician is directed toward the removal of obstacles in the patient's path. Only if it has been a particularly

disastrous one does the physician pause to speak about the path itself. The old family physician recommends now and then a trip to Florida, whereas the modern psychiatrist recommends an analysis of factors that have brought about the disharmony in the patient's inner or outer environment, or in both. In so doing, however, even the psychiatrist centers his attention essentially on the straightening out of the disharmony. In general he promises no reinforcing of strength other than that resulting from the removal of encumbrances and disharmonies.

The priest, on the other hand, speaks first of goal, and furthermore brings promise of external assistance in the realization of it. In psychological terms, instead of attempting to restore recalcitrant parts to a state of harmony in the organism as a whole, he reinforces the consciousness of wholeness, and of wholeness not only of the organism within itself, but also of the organism with its environment, social and universal, with men and with God. Many cures have been accomplished by the priest in this way. The additional strength the sufferer receives through this sense of wholeness may be sufficient either to enable him to solve his problem or, more likely—and this is why the physician often has been opposed to the theologian—to enable him to cut off the offending part, completely to repress the troublesome complex, and to go on in spite of it.

It has been said that the surgeon and the psychoanalyst are inclined to leave the personality committed to their charge with a fresh basis, but little enthusiasm for living, while the clergyman leaves him with much enthusiasm, but little basis for living. It is obvious that either of these two results alone may prove unsatisfactory. It is probably a matter of taste whether one prefer a normally functioning organism with nowhere to go, or a somewhat mutilated personality with somewhere to go. It is possible that if we could combine the positive aspects of both approaches, we should come nearer to a satisfactory solution. If such a solution is to be reached in any degree, however, it can be only through coöperation, and, as we are beginning to find, this coöperation must involve a rethinking of function on the part of both clergyman and physician.

The physician is faced with the necessity of rethinking

his concepts and his techniques, as a survey of modern medical and scientific research demonstrates beyond question. It will be found, first of all, that the newest emphasis in nearly every field of research, from biology to psychology, from constitutional medicine to neuroanatomy, is on the importance of a careful study, not only of the parts, or even of their interrelationship, but of the organism as a whole.

More important still, there is experimental evidence in embryological and neurological research to the effect that the individual *acts on* its environment before it *reacts to* its environment. It has been shown that "cerebral growth determines the attitude of the individual to its environment before the individual is able to receive any sensory impressions of its environment."[1] The first spontaneous movements are stimulated by products of metabolism within the organism[2] rather than by response to external stimuli. There is rather convincing evidence, moreover, that this factor continues to play a rôle throughout life.[3] These facts suggest that we should attribute more initiative to the organism than we have been inclined to do when "speaking scientifically."

Furthermore, it has been proven pretty conclusively in the embryology both of the lower animals and of men that development progresses, not by means of the relating of reflexes to each other within a whole, but by means of individuation of partial patterns (reflexes) within the unitary whole. No reflex can be performed apart from a mechanism representing the total pattern of the organism.[4] Dr. Coghill, who is one of several to have published experiments making

[1] Cf. "The Structural Basis of the Integration of Behavior," by G. E. Coghill. *Proceedings of the National Academy of Science*, Vol. 16, 1930. Pp. 637–643.

[2] "In this species we have a demonstration under natural conditions of a freely moving organism without an effective exteroceptive mechanism."—Henry Carroll Tracy in "The Development of Motility and Behavior Reactions in the Toadfish." *Journal of Comparative Neurology*, Vol. 40, pp. 253–369, April, 1926.

[3] Cf. "Basic Neural Mechanisms in Behavior, by K. S. Lashley. *Psychological Review*, Vol. 37, pp. 1ff., January, 1930.

[4] By the demonstration of the "specific mechanism that at all times makes the normal individual a unit" the conception of the organism as a whole is taken out of mysticism and given a scientific foundation. The mechanism is definite, strictly motor, and it is a growing thing. See "Corollaries of the Anatomical and Physiological Study of Amblystoma From the Age of Earliest Movement to Swimming," by G. E. Coghill. *Journal of Comparative Neurology*, Vol. 53, pp. 147–68, August, 1931.

definite some of these facts, has said:[1] "Any theory of motivation, therefore, that attributes this function wholly to the environment is grossly inadequate."

Here are scientific data supporting certain of our rather fundamental pragmatic conclusions. I need not dwell on the implications of such facts for religion as well as for medicine. Their importance for education and psychology is, of course, evident.

Through this experimental material suggested so sketchily two facts appear: first, that the whole living organism in terms of both structure and function is something more than an aggregate of all its parts; and second, that an individual's actions are determined primarily, not by environmental stimuli, but by the total pattern of his personality. We have resulting a somewhat new definition of health: the organism being primarily a unit, not an aggregate, normality requires that all parts be approximately subject to the organism as a whole; or, conversely, that the organism as a whole retain its power of activating the behavior of its parts.[2] Here is a basis, in scientifically proven fact, for the two historic approaches that have characterized religion and medicine. The physician, as we have noted, has been attempting to bring recalitrant parts into subjection to the whole, and the priest has been attempting to increase the power of the organism as a whole over its parts.

Thus the cross section of scientific thinking to-day demonstrates in rational terms that which history has given us in terms of experience—the possibility of two very different approaches toward the treatment of psyche and soma, although it suggests at the same time that they should not be too widely separated.[3] And in spite of the fact that science has given recently a basis for therapy directed toward increasing the power of the organism as a whole, medical techniques have not been developed with this aim in view, though quite the opposite is true of the techniques of religion. For this reason more than any other it seems unfortunate that so many clergymen, humbled perhaps, like many physi-

[1] *Loc. cit.*

[2] Coghill, *loc. cit.*

[3] For example, the physician has to consider the whole, at least in his general supportive measures, chief among which is rest, even though he go no further.

cians, by the attitude of pure science, have been attempting to take over new techniques and aims from psychology, psychiatry, and the like, instead of attempting to develop further their own techniques.

If now we look briefly at a cross section of religious thinking to-day, we find an analogous need for rethinking of function. Innumerable books are coming out on such subjects as pastoral psychology,[1] pastoral psychiatry and mental health,[2] psychology for religious workers,[3] religious control of emotions, and so forth. It is, however, an extremely rare thing to find a chapter devoted specifically to religious techniques as distinguished from the techniques of the psychiatrist, the social worker, and the vocational director; and even more rarely does one find recognition of continuity with the historical function of the priest-physician. Such scattered material with regard to personal counseling as exists in the religious sphere illustrates almost invariably the not-too-skillful appropriation, by the pastor, of psychiatric techniques, with possibly some injection of religion into them, rather than the development of his own techniques in the light of a new understanding of psychology and psychiatry. There have been only one or two good modern studies of meditation, and very few of prayer, none of them considering at all scientifically the effects on the soma. These works, however, in that they are recent and follow a barren period, indicate a reawakening. The first work that can be called in any sense standard on the subject of relaxation appeared from the side of medicine, discussing the importance of relaxation for surgical, medical, and nervous conditions.[4] This work is quoted in one of the religious studies mentioned;[5] but it should be remembered that the production of mental and physical quiet has always been the province of the priest.

[1] Cf. *Pastoral Psychology*, by Karl Ruf Stolz. Nashville: The Cokesburg Press, 1932.

[2] Cf. *Pastoral Psychiatry and Mental Health*, by John Rathbone Oliver. New York: Charles Scribner's Sons, 1932.

[3] Cf. *Psychology for Religious Workers*, by Lindsay Dewar and Cyril E. Hudson. New York: Ray Long and Richard R. Smith, 1932.

[4] *Progressive Relaxation; A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice*, by Edmund Jacobson. Chicago: The University of Chicago Press, 1929.

[5] By Karl Ruf Stolz in *Pastoral Psychology*.

It is interesting to note that as this has come to be more and more neglected by both clergymen and physicians, it has become one of the mainstays of quacks and charlatans.

On all sides, however, there is an awakening interest in psychosomatic relationships and a recognition that research is needed in two fields particularly: in the techniques of devotional life, and in the interpretation of the symbolic heritage of the church in doctrine and ritual. Here there is an important bond between theologian and psychiatrist. The age-old symbols that have always functioned in religious ceremonial have been found by psychiatrists to be of fundamental importance in the psyche of every patient, and to play a significant rôle in the healing of psyche and soma. As we gain a perspective with regard to the influence of psyche and soma, it is important to obtain also a perspective as to the place of religion in this sphere and its influence on soma. The clergyman is coming to realize the danger of seeing the personality committed to his charge in terms of spirit only, just as the physician is awakening to the fallacy of thinking merely in terms of diseased lungs and livers. Each must reckon with the whole individual, but by means of techniques adapted to his unique function and approach.

We may say in general that the mind of the physician, trained primarily to thinking in causal terms, to surgery, analysis, and restoration to the *status quo ante,* will never be so adept in problems involving direction and finality. It might be well for him, nevertheless, to be sufficiently familiar with them and with their importance to know when a specialist in this aspect of human life is needed. And the converse is true for the clergyman.

On the other hand, just as muddy thinking results inevitably from the intermingling of the two categories of causality and purpose, so muddy therapy seems inevitably to result when one and the same person, whether priest or physician, attempts to combine treatment by way of the two approaches. This is the more true in that in dealing with the infirmities of mankind no technique can be separated completely from personality. The clergyman has come to represent the larger social group, a power from without, together with purposes and means of attaining them; whereas with the physician are associated ideas of accurate diagnosis, analysis, surgery,

and restoration. I stress these facts because of the tendency to-day to think that the difference in function between physician and clergyman may be obliterated through the assimilation by each of psychiatric techniques. This assimilation is happily tending to establish a basis for mutual understanding and coöperation, but that is quite a different matter from identifying the two functions or even the two approaches.

Supposing for the moment that there were a human being capable of keeping pure and distinct his causal and final thinking, able to master the body of knowledge which is the heritage of the physician as well as that which is the heritage of the priest, we should still have to ascertain whether such an individual, under our finite space-time conditions of living, would find it possible to acquire the same experience in both fields as in one. And the difficulties in his personality would be as nothing when compared with the confusion he would create in a sufferer who came to him for aid should he appear in the high ceremonial of the Mass (with promises of sacramental aid through union with a transcendent and imminent source of life) and then step down from the altar to take up the stethescope or the scalpel! Physician, like priest, heals through faith, but the patient must feel that the physician will not pronounce judgment upon him, and must have faith in his ability to deal with facts as facts, free from an emotional bias. The faith of the suppliant in the priest, on the other hand, is in the representative of God on earth, preparing for the Last Judgment, exhorting, mediating, and interceding; or if not this, then as an embodiment of social ethics. It has been said that religion remains impotent so long as its attitude is objective and impersonal. We may say equally that medicine becomes impotent when it loses this attitude.

Men cannot believe in the simultaneous existence in a human personality of unbiased objectivity and a flaming faith in that which science has not yet proven, without some weakening of the one by the other. When on occasion they have thought to have found this combination, it has been in a personality at war within itself. They feel that their prophet, be he priest or physician, must be whole.

COURTSHIP AND MARRIAGE *

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THE first half of the topic you have given me presents a very old problem, at least one that runs far back—farther back than man himself. It is so important a part of higher life that, according to the zoölogists, all animals that have a nervous system appear to have some sort of courtship. And it is rather strange, but I think it is true, that we know more about the courtship of animals than we do about human courtship. We study animal courtship seriously. Nobody criticizes Darwin and others who have investigated this form of animal behavior, but to many it seems rather strange for us to give serious consideration to courtship as a human experience. It is my task, in the short space at my command, to make you feel that the problem of courtship is not only something of importance for marriage, but that it is a major problem of life itself and one that deserves study.

Possibly the word "courtship" in connection with animal life may be misapprehended. At least I must ask you to note that there are two kinds of experience, both of which, in animal life, are covered by the term "courtship." It was Darwin who brought out the first significance of animal courtship when he thought of it as having to do with selection. In the higher forms of animal life it operates to a very great extent, apparently—though perhaps not so much as he thought—in leading organisms on to higher evolution. Possibly the courtship of the queen bee is a good illustration because it is familiar to you. You know that when this bee is hatched, or very soon after, it starts on its first and usually its only flight. It flies so swiftly that it is very hard to follow; it seems to ascend straight into the sky. It is followed by thousands of male bees. In some unknown way they are prepared and waiting for this experience. They know that a queen is about

* Read before the Parents' Council of Philadelphia, The Institute of the Pennsylvania Hospital, February 13, 1933.

to make her nuptial flight. They follow after, and the swiftest and possibly the most virile bee catches the queen bee and forever after she is fertilized. The slow, the old, the sluggish male bee has no hope at all, and that is supposed to be an illustration of what seems often to be true in animal courtship—a tendency to use the process to produce offspring that will be vigorous and efficient.

That, however, is apparently not the important thing in animal courtship, so that the word sometimes conveys a wrong idea. A good deal of this so-called courtship is a stimulating experience. It has to do, not with selection, but with awaking the organism, so that reproduction can take place. In human experience we refer to that type of courtship in a different way. Ordinarily we talk about the "art of love" or use some similar expression, referring to something quite different from what we call courtship.

As we pass into primitive human life, it would seem that courtship decreases. Possibly that is because we have not understood primitive people as we ought to. It is hard to interpret their life. A great many travelers and prejudiced observers in times past have misunderstood what has taken place. As we know now, by study of a few small tribes, there is courtship, but more of the second sort than of the first. To our surprise, we find that these primitive people who are living so close to nature do not have anything like the strong sex passion that belongs to the more highly nervous individuals of modern civilization. So we find among these primitive people a good deal of courtship of the second sort. It is nothing like selection; it is nothing like what we call courtship, although there are exceptions. It has a large part to play in leading these people into preparation for reproduction and parenthood.

When we ask why it is that we do not find the modern type of courtship, we are struck by an important fact—namely, that it is because of the position of women in that society that courtship is practically nonexistent. Women are property, or so close to it that it is hard to define what their position is. They are always discriminated against. There is hardly any society known to us of that primitive sort in which it is not perfectly clear that woman's life is inferior socially to man's. As long as woman is so discriminated against by marriage

customs and is to be had by parental negotiation or by purchase, what we call courtship is not possible. That is why the anthropologists, many of them, say that courtship does not exist in primitive life. They mean the kind of thing that we are discussing this afternoon—modern courtship in persons close to an equality.

When we pass into the modern period, we find a good deal of uncertainty. There are so many exceptions and so many differences that one can largely define the situation as one pleases, and yet I think it is safe to say that, in historic times—times of which we have literature and records—we find nothing characteristic of our courtship up to the eleventh century, of which I shall speak presently. I realize that there are occasional exceptions. I am familiar, of course, with the enormous part that women played in the Athenian civilization. It was a very restricted part, nevertheless, and was played by very few women. It was nothing at all that involved courtship. It was a peculiar fellowship outside of the conventions, and it by no means reveals the temper of Greek civilization. In the Roman period, where we find women reaching the highest levels of near-equality—where she comes nearest to man's position and has social standing—we still find nothing like modern courtship. And once Christianity begins to bring in its theory of marriage—largely influenced by Greek thought, which in turn came out of Oriental philosophy—we find that woman is rapidly removed from the rôle she had in Roman civilization and brought to a lower level. Instead of anything like modern courtship, the prevailing ideal of the period was asceticism and was in absolute contrast to what we call courtship.

So through the Middle Ages this seems to have been the general current, until in the eleventh century we find some few poets, troubadours—outlaws to a considerable extent, so far as the conventions of the time are concerned—beginning to praise woman because of her peculiar selection of fellowship, her choice of persons, in so far as she began to have toward chosen men a feeling corresponding to our modern affection. She was married on a different basis. Her husband was chosen for her without any will on her part whatever. But once the marriage was accomplished, among a small group of gifted women there began to develop a special

relationship outside of matrimony which resembled what we call romance. From the eleventh century in Italy, Spain, and France, we have the development of what we especially think of as courtship—the addition to the mating of something that is distinctly human and supremely idealistic, something that is highly imaginative, not foreshadowed to any great extent by any previous human experience, and certainly not by anything belonging to the animal.

Our first question is, What is its significance? Because we are fully familiar with the criticism that is heaped upon it by those who tell us that if we could rid human life of romance, we would escape many of the ills so common in modern life. The first thing we notice about this we gather from another field altogether. We go to the psychiatrist and to the physiologist, and they tell us that this so-called courtship represents a draining out of energy, so to speak—a stirring up of energy is another way of saying it. This means that there is a period of time, which lengthens as human development proceeds, between the first experience of sex attraction as a strong human impulse and its final attempt at satisfaction through marriage. And during that period, which in America has become a very distinguishable period of life, imagination is tremendously stirred up, and back of it is that pressure of energy which is part of the body's preparation for mating and which is distinctly physical.

When this energy is allowed to thwart the hopes that nature intends to have come from it, as a rule not only is the imagination dead and the life flattened out, but the whole mentality of the person is to a considerable extent smothered. Psychologists explain the lack of originality and the lack of imagination and of penetration in life on the part of primitive people by the habit, common among such people, of snatching the boy and the girl at puberty and throwing them into adult sex experience, allowing them no time for this period of romance, which is the period of magnifying psychic life. Apparently, then, it is impossible for us to have the qualities of modern marriage unless we are willing to pay this price of romance.

Romance provides an opportunity for the development of marriage. It permits it to stretch out and deepen; it allows it to have those qualities which we think of as characteristic

of modern matrimony; and it grows more intense and carries more values as time passes. For instance, our century stands in sharp contrast with the eighteenth century because of the greater meaning of courtship, and as a consequence, the greater meaning of marriage, the higher standards, the larger quantities and qualities that belong to marriage. And although one cannot demonstrate it, there are those who think that with this process comes a refining of the nervous system, that the brain develops in proportion as this experience of courtship deepens, and not only does sex have qualities impossible under other circumstances, but all that has to do with mating and reproduction borrows from the energy that is in this way transformed from its immediate object and developed into what we think of as modern attitudes toward mating, toward parenthood, toward reproduction.

Marriage would be a very simple and a very unimportant event in human life, so far as psychic experience is concerned, if there were no courtship preceding it. If it were a mere rational matter, it would have only the qualities that belong to cold-blooded decisions. It would be very like one's choice of a vocation, except that it would be more temporary in its significance. It would be so near animal life that we would indeed escape all the problems of marriage in the modern world, but we would do so by putting an end to what we call marriage and going back to the more simple, direct, and unimaginative experiences of the higher animals. As courtship proceeds, the meaning of marriage deepens, and with it goes more and more expectation. One looks forward toward marriage, demanding of it more than ever could be asked by persons who were not carried through this preparatory period.

Now of course this means, as we shall soon see, that much disappointment in marriage, leading often to its actual failure, can be charged up against this preparatory period, but that is merely because we are asking so much of the experience; and as we develop, becoming more and more complex, making more use of our capacity, getting nearer to what we assume a human being should be, we demand more of all our relationships and surely more of marriage. There is no escape, I suspect, from a considerable failure in marriage, at least not by any method of lessening the demands put upon

matrimony, because we are asking more all the time, and we are going to ask more and more as we continue to develop.

Courtship, as we see it in everyday life, has clearly three aspects that we can distinguish and talk about. It will help us to understand it if we separate these three. The first is the mere getting acquainted; that means the possibility of contact, living in the same place, coming into association. It is very important. Many marriages are bad marriages from the beginning merely because of the restricted selection of the individual. He chose the best candidate from the women he knew; she picked the man in her acquaintance who came nearest to her ideal; but in neither case was the choice wise, because their contacts were limited. Society has done nothing so far to help young people here. It will not seem strange to you, I am sure, though it would to some audiences, when I say that in a city like Philadelphia, this is a problem. The Y.M.C.A. in Philadelphia some years ago did more than has been done in any other community in dealing with it. At the present time, I am told, the Y.M. and the Y.W.C.A. are working together on the problem. In any other city you could mention, there are thousands of young men and young women to-night who would recognize as their first and most serious problem of courtship this problem of proper contacts. The people they meet in their business relationships are not the types of person that they want to marry or can safely marry. This is not a criticism of their business relationships; it simply means that in their particular vocations they are not thrown into the proper contacts and they must depend upon something outside of that experience for the forming of an acquaintanceship. Rarely do the cities provide adequate opportunities. Often I get a letter from a man or a woman telling me that I do not know what the problem of marriage is because I do not say enough about this aspect of it—that the real problem of marriage in our cities is the inability to get acquainted with the kind of person whom one would choose to marry. It is not that one does not want to marry or cannot meet the economic problems of marriage, but the choice cannot be made because of lack of contacts.

As soon as society—a rational society—deals adequately with this problem, it will save a great deal of mismating by helping persons make their choice. You are all familiar with

vocational guidance, yet once it would have seemed as absurd as what I am now suggesting. I see no reason why the same principle cannot be put into practice sooner or later in helping young people to know the types of person whom they can wisely cultivate and among whom they may find their mates for life. There are commercial organizations, particularly in some of our Pacific coast cities, that are awakened to the possibilities along this line and that are rather carelessly attempting to bring young people together. It is not a very good use of the opportunity presented, but perhaps I am not as sympathetic as I ought to be because young people tell me that they do find in these commercial clubs and dance organizations opportunities to make serious relationships. It is just a beginning of what some time will come. This suggestion is only one of several I want to throw out to show that we have allowed courtship to drift, making no effort to use it for human welfare.

The second aspect of courtship, which we see operating when young people have had the opportunity to meet each other, is the period of getting acquainted. This is difficult because there is a certain amount of fictitiousness involved. There is a magnifying quality about courtship, so that during this time an individual is at a higher emotional level than usual, which in itself is deceptive, because you cannot expect persons to stay at this high point for any length of time, and this leads to misconceptions. This is as penetrating a human interaction in getting to know people as anything in our experience. It is probably true that we learn to know people rather better in courtship than we do in casual acquaintance, including business relationship. That many do not learn to know each other simply constitutes an exception which does not tell us what is generally true. In a little while one learns many things in the life of the other person that in other circumstances it is difficult to learn—things that even parents do not always know, things concealed from friends. There is an opening up, so that the two persons concerned sound the very depths of each other's personalities and as a result learn to make a wise choice; for the probability is that a large proportion of choices in marriage are as wise choices as human beings can make, even though many feel afterwards that the choice was not proper because the responsibilities that re-

sulted from it were too much for the personality and ended in disaster.

There is a certain aspect of courtship that needs to be stressed at the present time. Courtship in America is, under normal circumstances, a testing experience. The young people are thrown together, and everything depends on their circumstances, their choices, and their standards. It is one of the situations in which the parent cannot enter, where even the child who is most fixed on the parent breaks away and travels his own path, realizing his personal character, independent of the influences put upon him in his family or in his personal acquaintance. There was no testing of courtship in the past equal to that of our day. No one can understand young people to-day at all if he forgets that there never was a time when courtship went so far in its testing opportunities as at present. If either partner does not discover the temper of the other's personality, it is not because courtship does not offer opportunity, but because of dullness of interpretation, inability to analyze, failure to recognize facts, for the facts are almost certain to appear under the emotional stress of the courtship experience.

Now we pass out of this attitude of courtship, with all its peculiar passion, with its emotions that are so developed, piled up, so to speak, and then spasmodically so characteristically expressed with alternating caution and recklessness—we pass out of this courtship attitude into marriage, and with that comes of course a very acute need for readjustment. This is not because courtship is bad, or because it is a mere phantasy, a dreaming period of life, a time when we have wings and fly away so that the simplest person is touched by romance and is magnificent—it is not for that reason that we must change; it is just that we are entering into a different season. Courtship cannot last over into marriage; there has to be a readjustment. This readjustment is to a more quiet experience; it is not turbulent like courtship. We think of it as a lesser human experience. We sometimes talk as if we came down into marriage. That is a very faulty way of interpreting what happens in marriage. Marriage offers a different sort of opportunity. One cannot have security and contentment and trust and at the same time have the wildness, the doubt, and the constant questioning even of oneself that

comes when one is not secure. Of course marriage is different; it has to be different if courtship is to lead to any permanent relationship. It is quiet because it is more secure; it is profounder because it has more ties; it is more important because it has more possibilities of development. It carries the person out of one attitude into another quite different. Now, instead of finding the mate or attracting the mate, one has the mate, and the question is whether with the mate one can coöperate in the supreme and most satisfying of all human relationships. Nature has not given us any choice about coöperating to a certain extent. She has written it into our organisms that unless male and female will coöperate life will come to an end. Sex is an absolute pronouncement on the part of nature that no man can live by himself or woman by herself, that the penalty is death, that there must be cooperation, even though it is of a simple sort and exists in a meager form.

Marriage offers to this male and female entering into matrimony the most widespread and satisfying and profound experience of all coöperative enterprises, and if at any point the coöperative spirit breaks, to that degree the marriage is ruined, because it cannot exist in any other way than as a coöperative enterprise. That is the exact difference between courtship and marriage. In courtship one is not led to cooperate; there is still the tension of discovery. The spirit of courtship is the spirit of the explorer, while marriage gives us the attitude of the pioneer, of the settler who establishes himself and builds up a civilization, which is impossible to the bird-of-passage explorer, even though he carries with him a tremendous passion and is richly endowed with imagination.

Marriage means so much in human life that it has no rival except parenthood, and parenthood operates in a different way, so that it is not really a competitor. The yearning that is developed in human life reaches out to a satisfaction that can come only in what we call marriage. Courtship is the period in which we discover how much we ask of marriage, and by asking how much we can get out of marriage, we get more and more. It is very like business, only more so. Nobody goes into a vocation or business with any imagination without passing through this period of readjustment. Things are not as he expected them to be; he encounters hardships

that he had not anticipated; he comes upon dreary experiences; he finds life different from what he had imagined it. If he finds the value of his experience, his business or vocation becomes a habit of his life; he may not think of it in terms of preferences or choices; it may be too routine, too automatic, too habitual for him, but even so, you soon find, if you take him out of it, how much it is himself. Oftentimes his life is shortened by the fact that he is snatched out of the vocation to which he has committed himself; his freedom is not the relief he thought it was going to be.

In this experience, courtship and marriage, our interest is in the way it operates in the life of young people, and here we come right up against one of our most serious problems, of which we think much. Young people have an ordeal to-day in courtship that is greater than anything that has ever been in the past. They are more independent; they are more self-reliant; they are more frank; they are more knowing; they have very largely escaped from the suppressions and taboos of our period; and so they are thrown upon their own resources, and never in their lives will they have more to think about and more need of self-discipline than in this experience of courtship. At the same time, society has also made it hard for a large number of them to marry, for purely economic reasons. This is not true of all classes, but it is true of the class that most of us know best. Marriage is postponed. Is it strange that, under those circumstances—baffled in what they really want and knowing full well what they want—they find a temporary substitute and to a certain extent at least take over into that relationship some of the features of marriage? They cannot anticipate marriage, because marriage cannot be taken out of its sphere; it cannot be brought into courtship; it is different, as I have just been saying. But certain features that are spectacular features of marriage, and that are often thought of as all that marriage is, can be taken over, and it is not strange that many people take that way of meeting a hard problem and while they wait for marriage, misuse courtship. Instead of using courtship to find their mates, they use it as a means of lessening tension and securing some degree of pleasurable experience, as they see it, while they wait for what they want most.

And unfortunately that experience, to a great extent, often

not only leads them into risk, but snatches them from marriage, because they have accepted so much that by the time they get the opportunity to marry, they have robbed marriage of its possibilities and resources and can find in it only what they had snatched from it before—the mere sex experience of marriage. It is hard for them to see any great distinction between the courtship experience and what they find afterwards. That is their danger—that they may substitute for courtship a mere temporary expedient.

Never before have young people had so hard a problem. It is no fault of theirs, no choice of theirs. We have made it so. Is it not strange that, knowing what is involved here, we do not give them any great help, that often we do not even try to help them at all? We help them in other things; we are very much concerned about their physical development; we are always thinking of their mental growth; we are anxious, too, about what we call their moral maturing; yet the love development, which is more instinctive and more fundamental than any of those others I have mentioned and probably has been the mother of them all, we leave to drift as it may, and then wonder that our young people are not marrying better. As a matter of fact, they seem to be marrying better than we did, for the divorce rate suggests that the oncoming generation is going to have a little less trouble than we are having.

It is reasonable to ask that society help these people. In American life there is more neurosis, more unhappiness, more maladjustment to life, because of failure to appreciate in even the most elemental sense the meaning of love than for any other reason. Without a word from Freud, we should be driven to realize what is at stake here in what we call love, even in what we call sex adjustment. Why not give these young people education? We educate them for other things; why not educate them for marriage? Why should they not have an opportunity to study marriage before they enter it, at least in the colleges? Nine years ago some of the men at the University of North Carolina thought that would be a sensible thing. They went to the president and asked him if he would put in a course that would give them a chance to study marriage. They said, "It seems to us that if there is anything we need, it is something that will help us when we

go to get married. We want an honest course that will meet the problems of marriage."

Ever since then that course in marriage has been given to the senior men. Until this year, so far as we could find out at the White House Conference, it was the only course in the United States in any college or university. This year Butler University in Indianapolis has started such a course—a little different because both men and women are invited to it and that must change its character somewhat. Only two such courses, then, exist; there are courses on the family, but only two straightforward courses on marriage are to be had in American universities.

I would not have spoken of it except that in making up the 1932 summary on the family for the *American Journal of Sociology,* I was impressed by the tremendous amount of work the churches are taking on in the way of training parents. The Catholic churches are doing much in this direction; the Y.M. and Y.W.C.A. are doing a great deal; the Episcopal Church last year went farther than any church in history and asked that every person about to marry take a course in marriage or the minister would not be free to marry him or her. Along with this, what did I hear from the colleges? I had letter after letter from persons on this social frontier who said, "We would like to give instruction for marriage, but we are blocked by the administration."

I have been thinking of it ever since, and it seems remarkable to me that the college and the university should be so haltingly following after and the churches leading the way. We think of the churches as conservative. Why are our colleges so timid? Do they feel that marriage does not represent a human experience for which there should be training? Do they not by their rules illustrate the need for a positive program? Why are they so timid? If they could realize that the mothers and fathers of boys and girls wanted them trained for marriage, they would be as eager to give their students information along this line as they are to teach them correct English.

Besides education, we must take another step, which will come in due time. Dr. Robert L. Dickinson, of New York, talks about it much and wisely. We want an examination—a physical examination of a peculiar sort, including mental

interests—and a good deal of advice and confidential explanation for both the man and the woman before marriage. Until one realizes what that means, one hardly realizes what is involved—how many marriages are unhappy, not merely because of ignorance, but because there is a special problem involved that needed to be understood from the beginning. We should provide opportunity for an examination by a doctor specially qualified for this sort of thing who will give the bride and the groom the information needed in starting marriage sensibly. We are going to have something of that kind or the human race will find it impossible to have any proportion of successful marriages. Unfortunately at present it is difficult to get useful information. It cannot be had from the average doctor; he has no interest in this and no interest in what is involved. His examination would be most trivial and would not be helpful. We want what Dr. Dickinson, of the Committee on Maternal Health, is advocating. It is too long a story for me to go into, but the time will surely come when every sensible human being who is to be married will have a physical examination of the kind I have in mind, which will involve more than mere examination of the body. Family records will be searched, so that we may do justice to the biological elements involved. Emergencies will arise. There will be peculiar needs, especially of a psychological character. There will be need of individual help. Just as surely as you are here this afternoon, time is going to bring us a new profession; it is already in evidence; men are already earning their living in it. We shall have a profession of matrimonial advisers, persons qualified to deal with family problems, persons to whom you can go safely to get the help you want without the danger that is present when one talks such problems over with relatives or even with persons of whom one does not know much. There must be an ethical standard before this can ever be safe. Yet we already have such advisers. Many of you know about Dr. Popenoe's clinic. He tells me that in 1932 there were, in the Los Angeles district alone, thirty-six organizations and individuals that were giving their time in part or in full to this matrimonial counseling. Some of them I know personally. They are men to whom you could go just as you could go to doctors, to have help with your marriage problem, men whose business comes

from a new development of science. This profession will grow because it is needed.

It is foolish for us to say that marriage has gone to smash, as one of our best-known editors said to me some years ago. At that time more people were being married in New York than ever before, and a larger proportion of the population. Monogamic marriage has not gone to smash and can never do so, because evolutionary pressure has brought and supports it. If there is anything we want, it is one person who fulfills our life; it must be somebody who satisfies that tremendous craving which our whole personality feels. There is no need of being disheartened, but just think how little we do for marriage. No other human enterprise would have anything like the success marriage has if it were handled so carelessly, so casually, and with so little science. That will not always be true, and the United States to-day leads all nations, it seems to me, in meeting the problem. We are giving human life its first great chance in matrimony. Our failures simply show how much we have undertaken; they simply tell us that we are not yet using the resources that are necessary for success.

SEX EDUCATION IN RELATION TO MENTAL AND SOCIAL HYGIENE

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MENTAL hygiene, while primarily concerned with the individual, cannot escape its relations to social stability and the effects of individual welfare upon environing forces. Social hygiene, primarily concerned with the welfare of society, can foster this only through promoting the hygiene of individuals. The largest factor entering into this biologic-social content consists of man's sexual drives and urges, in so far as they relate to self-development, to the expansion of personality, and to social reproduction and continuity. Mental hygiene and social hygiene alike are concerned with the guidance of the sexual drives in the interests of self and society, and this constitutes the basis of sex education.

Mental hygiene is of interest to those who support social hygiene, by reason of the fact that the mental-hygienist would employ sex education, not merely for informative purposes, but for its larger benefits to personal and social attitudes, whether directed toward masturbation, prostitution, individual ideals, or social morality. What are the general ideas concerning auto-eroticism, concerning the nature and meaning of genital excitations, whether incident to somatic or to psychic stimulation? These ideas are basic in promoting mental hygiene. Sex education is constructive in so far as it deals intelligently with false ideas regarding masturbatory practices; correctly evaluates the nature and meaning of obsessional sexual imagery; conscientiously interprets adolescent physiologic events in the light of the inquiries of boys and girls. Sex education should prepare for normal functioning at all ages. Hence it is concerned with ideas relating to conception, birth, and sexual technique as well as to chastity, prostitution, the companionate marriage, and monogamy. No one can gainsay the social disadvantage of depressed or apprehensive individuals, suffering from self-

accusation, and motivated by emotionalized concepts of sin, guilt, inferiority, inadequacy, and the like. Sex education promotes mental hygiene when it prevents such personal reactions. Fostering an acceptance of the realities involved in sexual attraction, and evaluating the various outlets that promote normal relationships between the sexes, without deception or hypocrisy, it serves both adolescent and mature individuals and promotes their mental and social well-being. Sex education should prepare young people to meet the problems and difficulties of life that center about, and grow out of, the sex instinct.

Mental hygiene is primarily concerned with emotional balance and the equilibrium of internal forces. Emotional balance, however, is impossible without consideration of personal reactions to social situations. Normality involves living in harmony with the realities of life. Adolescence and maturity, as well as intellectual ideas and moral training, play a part in grappling with the emotional urges that so frequently motivate the individual contrary to the social imperatives. Hence, in the realm of sex, tremendous conflicts frequently arise which may issue as general anxiety, as syphilophobia, nosophobia, or thanatophobia, as a result of the mental unrest and psychic distresses incident to a contemplation of the potentials of venereal disease. The mental struggles bound up in fetishism and exhibitionism, sadism and masochism, are less profound than those connected with the personal realization of a coercing homosexuality contrary to the dictates of social demands. In so far as it aids homosexuals to solve their social struggles, in so far as it enables them to overcome their personal ideas of rejection and to secure reasonable adjustments in human relations and occupations, in so far as self-knowledge and self-understanding can break down ideas of seclusion and despondency, sex education contributes to psychic well-being an emotional equilibrium which, in itself, has prophylactic values so far as social hygiene is concerned.

It must be remembered that one need not discuss sexual psychopathy in connection with social hygiene and education, because normal sexual behavior offers ample opportunities for solving those personal difficulties that have social connotations. From a practical standpoint, all sexual behavior

is for personal rather than racial purposes. The ideal of procreation in the interest of society is merely an incidental interpretation along altruistic lines of what is primarily sexual behavior in the interest of personality development and for the satisfaction of normal zoölogical drives which man interprets socially, even though psychically his social drives are not sufficiently strong to control his biologic demands. The thwarting or ignoring of sex activity, with its effects upon personality, are more significant for social hygiene than those conflicts which arise because of personal inversion or interest in perversions. These two are less significant in social hygiene because they are not procreative and do not play a large part in disorganizing the psychical well-being of communities. Mental hygiene would endeavor, therefore, to enable normal people to set up their machinery of adaptation so as to meet all the strains of life without flight to alcohol or to libertinism. It frankly recognizes the part that sex plays in developing personal responses and social responsiveness. It emphasizes the psychic reactions to the known and unknown stimuli that grow out of sexual maturation and variety of sexual experiences. It seeks to understand and reveal the innate and constitutional factors that complicate the problems of social hygiene, even while endeavoring to mitigate the severities of the strains incident to acquiring environmental harmony. Sex education is one handmaid of mental hygiene.

The distinctions between the primitive biologic levels of human activity and the more or less standardized levels of social civilization concern both mental and social hygiene. Both must take cognizance of the relativity of normal sex standards in terms of elements as varied as climate and economics. Social pressures, when non-effective, serve to make behavior antisocial, though merely asocial in conception. When venereal disease is involved, however, a possible antisocial element immediately appears.

In discussing mental hygiene and sex education, one can omit discussion of the hypertrophies of eroticism, as found in satyriasis and nymphomania, and the extreme of frigidity. The curve of distribution of sexual impulse, interest, and reaction probably has the normal bell shape. Even within this perfectly normal distribution, one may overemphasize

sexual phenomena because of a lack of knowledge or method, whether one deals with the great mode of sex power or with either end of the curve. It is obvious that mental hygiene must support sex education in order to balance thinking, to promote reasonable occupation, and to prevent sexual irregularities that might conduce to personal inadequacy, later hamper marital felicity, or lead to sexual incompatibility and resultant infidelity. Ample problems for mental-hygienists are bound up in normality. When sexual life is abnormal and social maladjustments abound, there is greater necessity for the hygienist to bring about an adjustment that will diminish selfishness, cruelty, disloyalty, soul-destroying jealousies, or flagrant disregard of personal and social responsibilities.

Education for mental hygiene and education for social hygiene have many common bases which involve human reactions. In both, it is not merely a question of the sexual drive *per se*, but of the capacity of the individual to make full adaptations to the realities of life without seeking a release from distress through recourse to toxic products, whether alcoholic or narcotic. Sensuality is far removed from normal sex reactivity. Numerous lives are wrecked as a result of the effort to find a fulfillment of the desire for the maximation of the ego by satisfactions through sexual absorption. The problem of prostitution is bound up in maladaptations to life; and the prostitute plays a part in the economic organization as an apologetic symbol of man's inadequate solution of his personal problems.

The common ground is again reached in terms of an education that is concerned with the human relationships bound up in marriage; and both are caught up in the vast problems of discomfort, disease, desertion, debility, and dementia. The extent to which the sexual frigidity of females is involved in marital hysterias, neuroses, and unhappiness in general points to at least one problem of personality guidance that bears a definite relationship to prostitution and divorce. Whatever mental hygiene, through sex education, can do to prevent these social disabilities promotes social hygiene.

Social hygiene depends for its success upon increasing education. All sex education is in the interest of mental

hygiene. Communal education in sexual matters is essential. Personal education underlies communal education, but the education of communities carries potentials for mental hygiene that cannot be satisfied merely through the individual approach. Thus communal education with reference to the problems of prostitution and prostitutes is significant. Likewise, there is need for a better public understanding of the communicability of venereal diseases and their cacogenic effects upon society. If communal education concerning sex reduces the stresses and strains upon individuals, mental hygiene is served. The control of commercial vice, the use of venereal prophylaxis, the solution of the problems involved in the hospitalization or segregation of venereal-disease carriers and the adequate treatment of those with venereal diseases affects the general well-being of communities and individuals. There likewise is necessity for educating the community with reference to prenuptial guarantees, the significance of monogamy, the implications of companionate marriage, the social values of contraception and divorce, in terms of the underlying personal sexual reactions.

In so far as sex education can prevent gonorrhea and syphilis, it serves an important mental-hygiene purpose. This is revealed, for example, by the statistics of the Neuropsychiatric Division of the United States Army during the World War. Of 13,567 white patients, 22.2 per cent admitted having had venereal disease; of 4,856 colored patients, 57.8 per cent admitted venereal disease; of the 17,803 white mental defectives, 517 admitted syphilis and 2,231, gonorrhea; of 4,055 colored mental defectives, 949 admitted syphilis and 1,846, gonorrhea. These figures are not absolutely correct, as is obvious from the fact that of 487 white paretics, only 255 admitted syphilis and 159 gonorrhea, while of 43 colored paretics, 31 admitted syphilis and only 17 gonorrhea. It is also evident in the fact that of 2,161 whites with cerebrospinal syphilis, only 1,345 admitted syphilis and 1,862 gonorrhea, while of 301 colored cerebrospinal syphilitics, 188 admitted syphilis and 153 gonorrhea. It is equally significant that of 10,343 white psychoneurotics, 446 admitted syphilis and 1,860 gonorrhea, and 1,100 colored psychoneurotics, 240 admitted syphilis and 506 gonorrhea. These figures are inexact and they reflect either lack of knowledge, deceit, or

hypocrisy. Regardless of this, it is obvious that preventable venereal diseases played a considerable part in the history of those who were found psychically inadequate during the World War.

If the incidence of venereal disease can be reduced by adequate sex education, a large proportion of our population would be protected against a very important cause of mental deterioration. According to Vedder, 20 per cent of the young adult males of the population of the class from which the army was recruited are infected with syphilis and 5 per cent of the young men in colleges. The syphilis rate for the country is generally represented as 4.77 for the males and 3.07 for the females, with the highest prevalence among young adults twenty to twenty-five years of age. What is more significant for the welfare of the people is that syphilis permeates all strata of our population. The statistics of the American Social Hygiene Association, based upon blood tests, show figures varying from 1.4 per cent for farmers to 3.2 per cent for merchants and tradesmen, 51 per cent for laborers, and 11.7 per cent for railroad employees as recorded at the Mayo Clinic. Stokes and Brehmer assert that 26 per cent of syphilitics become infected between the ages of seventeen and twenty years and 32 per cent between twenty and thirty-five years of age. According to the studies of Newsholme, 10 per cent of all admissions to the state hospitals for the insane are due to general paresis. If syphilis is present in the general population to the extent of 10 per cent, the potential hazards to rational mental function are severe. To state that each year the United States presents a minimum of 679,000 new cases of gonorrhea and 423,000 new cases of syphilis is a sharp challenge to the intelligence of communities that employ every effort to educate the public concerning diseases like rabies, tuberculosis, and typhoid fever. These diseases are relatively negligible in their effects upon somatic and psychic well-being compared with the absolute and relative ravages of the venereal diseases.

In so far as it lessens paresis, cerebrospinal syphilis, and tabes, with its occasional mental symptoms, and reduces mental deficiency, even though only 3 to 4 per cent arises from syphilis, sex education advances the well-being of communi-

ties. There is, however, another and more significant side to this sex education, because, while there are organic psychoses, there is a tremendous amount of preventable psychasthenia and neurasthenia in connection with the venereal-disease problems. Numerous functional mental disorders arise from venereal disease. There are, however, two groups that vitally concern the mental-hygienist. The first consists of the mental diseases that arise from the involvement of viscera such as the thyroid, the liver and kidneys, the heart or joints, during the course of syphilis and gonorrhea. The second includes the mental disabilities indirectly related to sexual experiences as well as to sexual diseases, eventuating very frequently in frank neuroses.

Psychoneurotics may develop their instabilities when their general functional level is lowered by reason of reduced psychic equilibrium incident to the shock of acquiring a venereal disease. Many adolescents or those in early maturity, or even those in the climacteric, might be less likely to break down in neuroses or psychoses were they not victims of special strains incident to their venereal infection, further complicated by intense suffering from ideas of guilt and sin. The self-condemnation of the masturbator, the frustration of the normal desire for marriage of the chronic gonorrheic, and the profound anxiety neurosis of the uncured syphilitic lead to a considerable amount of incapacity and social inadequacy.

Sex education is a factor in facilitating the development of a normal personality, in lessening the likelihood of neurosis, and in preventing the limitation or reduction of the ego. It can help to prevent the development of psychopathic personalities with complete social failures. It serves society further by promoting the physical welfare of people through decreasing stillbirths and abortions, lessening the possibility of ophthalmic neonatorum, and protecting individuals against infections that may result in definite physical and psychic limitations, as involved in strictures or aortitis, impotence or sterility. A consciousness of guilt or sin, a nervous acceptance of inadequacy or lack of sexual vigor exert a pressure that exposes an underlying psychopathy and may bring about simple eccentricity or a profound maladjustment in social living. The tragedy of self-condemnation because

of diseases regarded as shameful, immoral, or unholy profoundly warps personality and leads to a variety of psychic distresses, varying from insomnia to sexual neurasthenia, from anorexia to anxiety, and from delinquency or crime to compulsion neuroses. Homosexual drives may be less disastrous than the profoundly disturbing functional phases of venereal infection. Sex education goes on constantly, but mental-hygienists desire it to be constructive, scientific, and honest, rather than haphazard, unscientific, and false.

If sex education can be effective in lessening paresis, if it can diminish the possibilities of mental deterioration with decline of ethical judgment and the appearance of delusions of grandeur or melancholy, there will be a great saving in terms of human values as well as in terms of institutions and taxes. If an understanding of sexual organization can diminish sexual neurasthenia and impotency, destroy the concept of lost manhood, and lessen brooding over guiltiness in masturbation, mental and social hygiene will be advanced. If the obsessive ideas, the morbid fears and doubts, the anxieties and compulsions bound up in sexual psychasthenia can be removed, with all their ritual cleansings, expiations, and phobias, the sum total of human welfare will be raised.

Sex education has broad connotations and, so far as venereal diseases are concerned, it involves the entire subject of therapeutics; and knowledge regarding therapeutics is an essential in the education of society. Every problem involved in the treatment of gonorrhea and syphilis abounds in mental-hygiene implications. This becomes more significant in relating sex education to the development of family life and the preservation of the home. The administration of the drugs essential for the cure of venereal diseases involves psychical as well as physical effects. In the public-health measures of reporting and registering these diseases, in enforcing hospitalization and compelling treatment during the weeks, months, and years involved in the cure of gonorrhea and syphilis, there are a vast variety of psychic effects that cannot be disregarded. The psychic consequences of chronic prostatitis, of gonorrheal arthritis, of salpingo-oöphorectomy, of sterility, or of gummata cannot be ignored. They involve important phases of education and hygiene along broad lines.

These possible physical complications demand the constant therapeusis essential to produce a cure and to prevent any condition that carries psychic hazard. The prevention of congenital syphilis and mental deficiency has a profound relation to social well-being and family life. The prevention and cure of venereal diseases are of mental-hygiene value in so far as they diminish familial anxieties, decrease the likelihood of permanent physical handicap, and lessen the possibility or the fear of infecting innocent persons. Solomon, in a study of syphilitics, found that 20 per cent had infected mates and that 10 per cent of their children gave positive blood reactions. The systematic, effective treatment of venereal diseases, therefore, constitutes a necessary part of prophylaxis against complications of psychiatric import. And mental hygiene is a constant requisite during the long treatment of syphilis, as it is during the short, but severe treatment of gonorrhea.

If the effects of ignorance of sex facts and of the results of unbridled sexual activity were limited to the particular individuals, perhaps less emphasis upon mental hygiene and sex education would be necessary. But the lack, or the perversion, of sex education enters into the very core of personal social life. It plays an important part in inter-sexual attraction and repulsion, in premarital sex experience, and in marital relationships. It is vitally concerned with the ideas and ideals that enter into courtship and marriage, both the companionate marriage and permanent monogamy. It is concerned with ideas that involve illegitimacy, abortions, and contraceptive practices, as well as with attitudes toward venereal diseases, prostitution, preventable surgery, unnecessary blindness, paralysis, and insanity. It enters into the past, present, and future habits and ideals of individuals and communities, and vitalizes and charges with energy all educational material concerned with character formation. Sex education is bound up in training for parenthood in terms of responsibility and loyalty as well as physical adjustment and sexual compatibility.

Sex education, in terms of social hygiene and mental hygiene, is less constructive when concerned with therapeusis than when dealing with prophylaxis. Sex education extends beyond somatic sex activity; in its broad connotations, it

involves an understanding of psychic interstimulation in community living. It recognizes the part that the sexual instinct and the emotions derived therefrom play in the organization of the personality and in its integration in and through social living. It evaluates the essential dynamism of sexual motivation in the development of the ego and of the group. It senses the interacting value of sex education of the individual in the interest of the group and of the education of the group concerning matters of sex in the interest of individuals. In the light of this concept, sex education is concerned with all the numerous problems of venereal prophylaxis, whether founded upon physiology, psychology, law, morals, or religion, and each one of these has a definite place in mental hygiene. What society demands may be disadvantageous to the individual, and what the individual desires may be disadvantageous to society. The possibilities of these conflicts must be recognized in all efforts to employ sex education in the prevention of venereal diseases and in the limitation of the problems underlying and growing out of venery or the sexual urge.

Sex education is primarily concerned with the prevention of all sexual conflicts. It would seek to prevent the psychic injury incident to infection and the realization of infection that frequently is far more disastrous than the actual disease. Sex education is concerned with the hematotoxic possibilities of venereal disease that result in inherited diseases or the debilitating effects that may lead into neurosis or psychosis; but it is equally concerned with the psycho-toxic effects of all that pertains to the worship of or sacrifice to Venus as well as Mars. It is conscious of the strivings and twistings that produce anxiety and phobias, and would seek to prevent such devastating effects through intelligent balancing of the emotional life and the stabilization of personalities in terms of their somato-psychic organization.

The direct biologic educational approach involves an intelligent appreciation of education as prophylaxis through physical education, psychological training, and moral development. Sex education is inherent in every scheme of character education, whether the interest is centered upon infancy, childhood, adolescence, maturity, or even senility. Mental hygiene is concerned with the prevention of mental

disorders, both functional and organic. It is concerned with the feebleminded and the epileptic, the psychotic and the neurotic, the delinquent and the criminal, but equally so with the happiness, contentment, efficiency, and adaptation of normal people, fighting the battles of psychic life under difficulties that they do not fully understand and that they are not capable of grasping without instruction and guidance. Mental hygiene and social hygiene are both concerned with sex education because the individual is always socially oriented. Both function through individuals and therefore must deal with the habits of individuals, their practices, their ethics, and their responsibilities. The biologic desire and the social demand create the need for sex education.

Social hygiene and mental hygiene are concerned with the physical structure of man and his normal functions, as well as with his intellectual capacities. They are vitally concerned with the limitations and frustrations of normal human drives which enter into personal and social adaptations. Hence, sex education cannot be limited to an intellectual exposition of structure and function. It must be concerned with emotional trends, with the dynamic powers of self-control, and with the sublimation of the deeper forces that move men to effort and achievement.

Sex education functions in the interest of mental hygiene because its aim and goal include personal adaptation and adjustment in a manner not cacogenic to society, dysgenic to offspring, or deteriorative to personality. Thus emphasis upon sex education is upon *education* rather than upon sex, although all education is so permeated by that which animates and creates life that education without reference to sex would be sterile.

THE SIGNIFICANCE OF PLAY AND RECREATION IN CIVILIZED LIFE*

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IN one of the popular uprisings in ancient Rome, the emperor finally agreed to receive the people's representatives. "What is it you want?" he asked. The reply was, "Food and games"—"games" referring to the well-known spectacles of the Roman arena. The psychological soundness of this demand attests to its historical authenticity, although to-day we might add or even substitute the demand for work, as we shall see later.

Human behavior, like any other complex phenomenon, is best understood when analyzed into its elements or components, or rather into the fundamental drives or springs of action. Psychology speaks of these drives as instincts and reduces them in simplest terms to the life and death instincts. Phenomenologically, these appear in human behavior as self-preservative and race-preservative instincts. The core of self-preservative behavior is aggression against other individuals and the outer world; the core of race-preservative behavior is the sexual drive or love life in its various manifestations.

Aggression, in its purest form, is seen in animals and in hypothetical primitive man in the individualistic stage—*i.e.*, the stage before man lived in groups larger than the single family. As such, it was the most valuable behavior in the interest of survival. Every other human, except the immediate family, was regarded as a threat to one's existence, to be done away with on sight. This was necessary under the conditions in which the human race came into existence. But it certainly is inimical to living in a group. The savage,

* Read before the Section on the Use of Leisure Time, the California Conference of Social Work, May 2, 1932.

with his impulse to kill, would cut a sorry figure in our crowded modern city.

So it becomes the task of civilization to modify this primitive aggression into behavior useful in group life. There is, of course, no eradication of it. It is present in all of us. We see it on all sides. We see it in the small child who pulls the legs off a beetle and otherwise tortures and kills animals. We can follow its gradual modification as we watch the child develop. The hitting, shoving, biting, and pinching of a newcomer in the nursery school has to be changed into more acceptable behavior. There are many outcroppings of the aggressive impulse in the life of adults as well. The useless killing of animals in the hunt, the tendency to fight when intoxicated, the sentiment expressed in the popular song, "I'll be glad when you're dead, you rascal, you!"—are but a few of many illustrations. In fact, one of the major concerns of the Christian religion is the curbing of aggression, as expressed in the admonishments to "love thy neighbor as thyself" and "love thine enemy." [1]

The major part of this primitive aggressive impulse has, in the course of civilization, been turned into useful behavior which aids in the struggle for existence to-day, just as the impulse to kill helped the cave man to survive. When men began to live in larger groups, aggression against individuals became collectivated, as it were, within the group or tribe and was directed against other tribes. Tribes grew into nations, and to-day we are still in the stage of nation versus nation and race versus race. Within the group, actual combat has become modified into competition, best exemplified in business competition. Very often even the competitive element submerges, and in the adult civilized man we see a desire to succeed by legitimate coöperative and constructive activity. Of course, this is as yet largely an ideal, when we contemplate about us all the cut-throat business methods, ruthless competition, and so forth. We see all degrees of attenuation of this aggression, from the ruthless crushing of a business rival to coöperative business enterprises.

Let us now turn for a moment to the other great funda-

[1] See *Civilization and Its Discontents*, by Sigmund Freud. New York: Jonathan Cape, 1930.

mental drive—race preservation, which is carried over into the behavior of the love life. In its primitive form, it consisted of sex expression pure and simple. Then protection of and affection for the loved objects and the family were added. As socialization progressed, a large part of the primitive libido had to be gradually changed into an attenuated, spread-out affection embracing more and more individuals—family, tribe, nation. The ultimate ideal would be that of St. Francis of Assisi. One of the aims of religion is this increased spread of affection to embrace an increasing number of individuals. This process also aids in mitigating the effects of aggression; the two go hand in hand. As a result, we come to see the qualities of human sympathy and understanding, friendliness, desire to please, unselfishness, and so forth—all those attributes that make a person a well-liked social being and easy to live with.

But what has all this to do with play and recreation? In order to avoid confusion, let us designate play as a specialized, active form of recreation, and let us first consider the significance of play in the life of the child. There is considerable difference between the play of children and that of adults. Play in the life of the child is fully as important as work in the life of the adult. It epitomizes the past behavior of the race. The very best illustration of man's progressive socialization is seen in a study of the play activities of the child of succeeding ages. For the play of the child reflects accurately the work of the race. The small child plays alone, just as his remotest ancestor worked and hunted and fought alone. The activities of each represent an intensely individual character. Later, the development of communal life is reflected in the older child's tendency to include other children in his play interests, say at the beginning of school age. Both the play of the child and the work of his forbear represent a change from individualism to socialism in its literal sense. The period of gangs and gang fights in the child's life may be said to represent the early era of tribes and tribe warfare. The later development of games and other coöperative activities corresponds to the advent of the tendency in early man to work together in peace and friendly coöperation—the beginnings of civilization.

But play in the case of the child is not only a reflection of

past life; it is a preparation for the future work of the man. The experiences and training received in good play are indispensable to the well-adjusted individual. There are two general ways in which play fits the child for the work of adult life. Play is training in application and concentration, and it is training in socialization.

Only in play does the child experience that interest and enthusiasm, that losing of one's self in the task at hand, that indifference to distracting influences that make for success when carried into the serious work of man. Hence play, properly indulged in, is habit training in application to and concentration upon a task or a job. There is no better means of turning interest away from self and such unhealthy things as phantasy and self-centeredness toward the objective world of things and people than absorption in play.

Play is training in socialization. It is by far the best and perhaps the only means of socializing the child. Life as lived to-day is social. Like the primeval cave man, the infant is intensely individual. The universe revolves about him, and all external things and people are judged only as they affect him. Next to familial attachments, play is the best influence to wean away the youngster from his self-centeredness, first to material objects, such as playthings, and later to coördinate individuals of his world. Play is life in miniature. The child's success in it foreshadows his success in life. The degree with which he can mingle and rub elbows with his playfellows measures the success he will have in later social contacts. In his team play he will evidence his later ability to subordinate his own desires to the common good, the secret of a good adjustment to life. On the playground he will receive that training in democracy that recognizes an aristocracy only of ability and achievement. His team will inculcate in him a loyalty to it that in manhood will appear as loyalty to a purpose and to a task undertaken. All work and no play make Jack a dull boy, but may also make him an unhappy, ill-adjusted man. Play is a biological necessity in the child's growth and development. It is an indispensable training for the serious work of life.

Let us turn to the play of adolescents and adults. Here education and work assume an ever-increasing importance. In the completely cultured and civilized person, these activi-

ties should absorb all the energy that the primitive drive of aggression demands. But how many of us can be termed completely cultured and civilized? There has to be an outlet for that fraction of aggression which has not been completely turned into useful work. *That outlet is found in play.* Regard as many play activities as you will and you will find there an element of aggressiveness, an opportunity to beat the other fellow, be it in football or in poker, be it in the gladiatorial kill of the Roman arena or the useless kill of the modern bull ring. The more highly civilized peoples no longer need to kill in their games, but none the less, there are combat and competition in them, from the prize fight down to the foot race or high jump. The ball games of the Anglo-Saxon show an element of aggression in the propulsion of the ball. What a satisfaction in the long hit, the long punt, the hard, accurate pass in basket ball, and so on! Even in the cross-word puzzle one beats an imaginary adversary or overcomes a challenging difficulty which is in itself an adversary. Yet the striving for personal supremacy can be and is submerged in the interest of teamwork. The contribution of one's share to the greater good of the team is one of the most valuable examples of socialization we have. There is no greater civilizing influence than the training in teamwork on our school teams.

But the spirit of the game goes further. Beyond the submergence of self-interest to teamwork, there is brought out the feeling of good sportsmanship. What finer spectacle than the handclasp of generous winner and gallant loser—tribute to the hard-fought battle? There is certainly no other influence that can bring about the marvelous obliteration of national and racial hatreds that we witness in our Olympic Games.

But obviously not every one can participate in active play and so enjoy an outlet for what is sometimes called excess energy, but what is in reality incompletely utilized aggression. Not every one can be a ball-player, a champion skater or swimmer, an automobile racer, an aviator, or a movie star. What is to be done about it?

Fortunately, these outlets can be obtained vicariously through the mental mechanism known as *identification.* This is one of the most important mechanisms utilized in the train-

ing of the child and in the mental life of the adult. It appears everywhere. The child identifies with the parent, be it for good or evil. The adolescent identifies with his ideal and so takes on the characteristics of the ideal, through imitation. The reader of a novel identifies with the characters in the novel and so may escape temporarily the drab realities of life. In like manner we identify with the characters of the play or movie we are witnessing. Just consider the possibilities for good or evil in the movies in the matter of implanting ideals in children. Any one in daily contact with many children can soon find what great influence the movies exert on the mental concepts and on the very language of children.

And so, through the process of identification, the spectators of athletic contests, and the like, derive an outlet for their aggressive impulses, *as if* they were the players themselves. Witness a hundred thousand people rising breathlessly as one man during the execution of a brilliant end run or forward pass. The excitement of boxing fans, the rage of the communistic soap-box audience, the delight of children in Mickey Mouse, the horror inspired by Dracula, and the tears by the *Broken Lullaby*—all attest to the depth of experience brought about through the identification of the people with what goes on before them. It is into this emotional channel that many of the primitive, incompletely socialized impulses can be turned.

There is, to be sure, some danger, especially for children, in relying too much on the process of identification, and thus preventing active participation in sports and games. Occasionally, a child is content to sit by and watch, or has no opportunity to take part. Opportunity and encouragement should be provided. It is perhaps better to be a poor tennis player or swimmer than none at all, sitting on the side lines watching champions. *Both* forms of outlet have their place. However, our physical-education departments are providing more and more opportunity for every child to engage in competitive sport on its own physical and developmental level, by the modern point system of classification. Coaches tell me that the gymnasium period devoted to competitive athletics is by far the most popular of the entire curriculum.

To recapitulate, it is necessary in civilized life to modify or socialize certain fundamental drives that were once useful

and necessary to survival. The chief of these drives are the self-advancement or aggressive and the love or mating impulses. In their primitive form these instincts are not tolerated by society to-day. Primitive sexual love must to a large extent be attenuated and spread out to embrace many individuals in order to make group life possible. Primitive aggression must be diverted from the original impulse to do away with a rival and modified into more socially acceptable behavior. Its energy goes into competitive business and daily life and finally into the coöperative work of overcoming obstacles and difficulties. Not all of aggression can be thus diverted. It crops out in many ways, producing mischief and mental illness. It is at the bottom of much of crime and delinquency. The great safety outlet for unutilized aggression has always been in the play and sports of the people, from the Olympic Games of Greece, from the arena of the Romans, down through the knightly tournaments of the Middle Ages to our modern athletic contests. Those who cannot actually participate derive a vicarious outlet through identification with the participants.

Play assumes a relatively greater importance in the life of the child. It prepares the child for the work of the adult; through training in teamwork it tends to socialize behavior; it teaches concentration and undeviating pursuit of an objective. As in the case of the adult, it is also an outlet with the child and adolescent for primitive aggressive impulses. In this fact lies a great challenge to organized social work. Much of the energy that now goes into the more primitive delinquent and criminal behavior can be diverted into the modified, but none the less aggressive behavior of sports and games.

WHY DON'T WE SPEND?

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HAVING raised wages, the administrators of the NRA now issue the warning that we must buy or the nation will face disastrous consequences. Will the slogan "Buy Now" be more fruitful than it was when it was tried during the previous administration? Is there any reason to believe that the threat of rising prices will result in a wave of consumer buying? The statistics of retail trade issued by the Department of Commerce still show a lag in consumption, in spite of intensive selling campaigns. Is it not possible to attack the psychology of the depression in a more imaginative way than with the slogan "Buy Now" or with warnings of economic collapse?

We seem to need a profound alteration of the saving habit of mind that was born during the deepest period of the depression. Even the impending menace of a serious form of inflation has apparently not changed the attitude that most people have toward additional spending. The use of the phrase "the psychology of the depression" has not, in plain fact, been accompanied by a psychological analysis of the motives involved. This article is an attempt at such an analysis. The special privilege exercised by the physician makes it possible to obtain an insight into some of the factors that have delayed and that still are delaying the customary buying of those able to spend. There has been no logical attack on these factors, and scarcely any understanding of them on the part of those who are presumably dealing with the "psychology of the depression."

We do not, naturally, attempt to minimize the economic factors that are of primary importance in combating our problem. But are we to be content with artificial raising of the price level of commodities, the regulation of excessive production and wasteful competition, the inflation of the dollar as we now experience it in terms of the franc and

sterling? We have had a wholesale and dealer revival, but the mood of diminished spending is still with us. It is possible for us to inquire into the causes of our present excessive and sinister use of thrift, which is throttling a nation nobly attempting to get on its feet. The cure will not be far at hand if we are able to settle down and face the psychological aspects of the situation.

What, then, are the influences that are now restricting our customary buying power? Poverty is a factor. But a considerable investigation that I have conducted has shown me that there is a far more important motive, more important because it can be remedied if the situation is intelligently attacked. The nation is in the grip of a habit of thrift, born during the depression of want and fear—due to diminished possession of money—but augmented by feelings of guilt and shame at spending in the face of the need of others. This habit of diminished spending has become, without being recognized as such, a source of satisfactions that have been powerful enough to establish it securely in our midst, and sufficiently veiled from the common view as to be proof against ordinary injunctions to spend.

We must think back to the darker days of the depression and reconstruct the motives of those who "saved beyond their means," for they are still with us. It is especially important, at this precise moment in our effort at recovery, to discover the handicaps of a mood which was born two years ago, but which still overhangs us and threatens to disrupt our civilization.

The fear of total loss of income and capital was widespread. The desire to avoid being conspicuous was strong enough to prevent our making purchases which acquaintances or friends would be unable to duplicate. There was a sense of guilt in using relative luxuries, a sense of guilt founded on an awakened consciousness of the plight of those who were suffering from want. This stimulated conscience with regard to the poor led to restraint in spending money rather than to donations to funds for the relief of the unemployed.

These influences, which arose from a long and deep depression, have by no means disappeared. We wish to demonstrate more fully that these factors are now unnecessarily and harmfully menacing our recovery. We must take measures

against them, but we must understand their origin before we can deal with their persistence.

A patient of mine recently discharged a maid. When I asked him if things were not getting better, instead of worse, he admitted that the stocks he owned had increased considerably in value, but that the dividends were still low, and he felt that he must live within his income. He still felt poor, although his capital had increased. He had in no way given up the *mood* of saving which he had acquired.

Another patient came into my office about twenty minutes late. He explained his tardiness by saying that he had had a punctured tire on the way to the office. The remark was soon amplified by the statement that he wanted a new car, but he didn't feel he ought to buy one when so many of his neighbors in Westchester were so hard up. Under ordinary circumstances he would have changed his car for a new one. He admitted that he was in no way prevented from doing so by the relatively moderate diminution of his income.

Six months later I again saw him in the office. On this occasion he was on time. I asked him whether he had bought the new car he had been anxious to have.

"No," he replied, "I got a new set of tires instead. I cannot bring myself to get a new car when so many people are in such physical need, suffering from insufficient food and clothing and even lodging for the night." He shook his head gravely.

The remark of my patient, who had always passed in my eyes as an intelligent man, instigated me to formulate a survey of reasons why people have curtailed their customary amount of buying. If there were many people who were able to buy, but were deterred from doing so by a feeling of guilt in taking advantage of their own opportunity for luxury, or who were influenced against buying by a fear of being conspicuous and envied when the people around them were in financial as well as personal distress, it seemed of some value to inquire into the more deeply seated motives that might be veiled behind the reason, "We all have to cut down!"

It has long been apparent that the vicious circle of unemployment was constantly being augmented by a curtailed buying power. I had assumed that there was less spending because people had diminished income or capital, or were

faced with almost immediate insecurity through the loss of their occupations. My patient introduced me to the idea that there is a latent buying power in this country that is being withheld by an unjustified emotion, the full consequences of which are not apparent. Although excessive thrift has been acknowledged to be one of the most influential causes of the continued fall in prices, of unemployment, of commercial failure, the reasons for its persistence have not been entirely clear.

It was rather startling to discover that the motive force that supported the doctrine of thrift was a sense of guilt about spending money on the part of a man who was economically able to do so. As a result of a further survey, the psychological complex behind much of current saving appeared to be a definite sense of sin in spending. Like many other "sins," it has assumed an undue hold upon the world. It is, however, susceptible of analysis, with the exposure of the true motives involved and with the result that an over-intense desire for thrift is no longer present.

> "It is easier for a camel to go through the eye of a needle than for a rich man to enter the Kingdom of God."

Even in times of prosperity, the poor are with us.

Through liberal donations to charitable purposes and through the support of scientific and artistic enterprises, men and women of the well-to-do class have pacified their consciences in the enjoyment of luxuries. Still present in their minds, however, is the thought that there are those who suffer from poverty and the illnesses that poverty breeds. From 1929 to 1933, the number of unemployed has increased from approximately seven million to fourteen million people. During the same period, there has been broadcast throughout the world a knowledge of the pauperization of multitudes of families who were formerly self-supporting. Propaganda for the relief of these people has spared few details of their personal sufferings from lack of food, clothing, and lodging. Much more money from private sources has been given to the poor than ever before in the history of our country. But the doctrine of thrift, which became vitally necessary for a large number, has become a source of conscious satisfaction to many who are still well-to-do. Confronted with the suffer-

ing of the poor, they have felt that their indulgence in the luxuries of the past has suddenly become a threat to personal salvation. The idea of restraint in making their customary purchases, despite the fact that it leads to continued unemployment and the fear of starvation for multitudes, has taken a compulsive hold on the imaginations of well-to-do people, who by means of that restraint satisfy their consciences at the price of helping to prolong the depression.

It is no more possible to make a man spend additional money by urging him to do so than it is to cure an apprehensive nervous patient by telling him not to worry. It has been the practice of some physicians to urge their patients, "Don't worry. It will only make matters worse," but the briefest acquaintance with nervous individuals teaches one that, until the cause of the fear has been explained and analyzed, it cannot be banished. That there is a latent buying power of very considerable proportions, which is entirely unutilized because of mistaken ideas of the virtue of saving and the sin of spending, became my conviction during a series of experiences with patients in which the methods of analytical psychology were used to determine the actual deep-seated forces that lay behind this cancerous notion of saving which is throttling not only the United States, but the entire civilized world.

The fear of insecurity may itself be a disguise for hidden desires for martyrdom and the pride that so frequently accompanies it.

That many people have stopped buying of any kind because of a panicky fear of the future has been widely evident. The threat of diminished income or loss of employment has interfered with spending that would under normal circumstances be undertaken without apprehension. An unreasoning fear is difficult to overcome. Fortunately, there are at present more reliable evidences of the soundness of our institutions than in the days before the bank holiday. The wild fear of insecurity is no longer with us to the extent that it was then, and yet many still persist in habits of wholesale saving that were a heritage of that period.

Thoreau has said:

> "The cost of a thing is the amount of what I call 'Life' which is required to be exchanged for it.
>
> "Lo! Men have become tools of their tools."

The following examples of a sense of guilt in spending are gathered from a miscellaneous practice and include instances of saving that were frequently attributed by patients themselves to far different motives!

A young women, twenty-six years old, came to the office because of the persistence of a cough. During the course of the treatment, she mentioned the fact that her mother wanted to give her a sealskin coat, which, she thought, might have kept her from getting the cold she complained of. When I asked her why she had not accepted it, she replied that she felt guilty in buying an $800 coat when so many people were so poor as to be without food or clothing. When I asked her whether she had given the $800 to the poor, she hesitated a moment and said:

"No, no, I just put it in the bank."

During the course of the conversation, she showed a very active concern for people who were out of work. She had herself enlisted as an aid in the unemployment campaign. She told me of numerous sacrifices she had made in the way of not buying gloves, stockings, new dresses, and so forth, because she could not feel peaceful in her mind when she considered indulging herself with the amount of shopping to which she had been accustomed. Her income was 25 per cent less than it had been during former years, but she had curtailed her expenditures more than 50 per cent. Her contribution to the unemployed was approximately what she received in one day as a part of her income.

In this instance, the young woman actually had a conscious sense of guilt about exercising her normal buying power. In addition to that, it was plain that she glowed a little from a feeling of superiority in possessing a conscience as sensitive as hers. She could not understand how a Mr. Smith had bought a new Lincoln car when so many people in "times like these" had not enough to eat. It so happened that Mr. Smith had given one-twelfth of his yearly income to the unemployed.

The psychology of Mr. Smith was radically different from that of this young woman. His response to the depression was a willingness to give generously, to exercise his customary spending, and to be unmoved by the specter of a diminished total capital. And yet the young woman could find nothing but the most severe criticism for a gesture that

involved the buying of a Lincoln car, entirely unaware of the sinister results of her own high-minded saving which, though it ministered to her conscience and flattered her pride, was contributing to unemployment, poverty, and fear.

A man, forty-eight years old, came into the office complaining of shortness of breath, more marked on climbing stairs. He was a member of a prominent banking firm. The shortness of breath had occurred principally when climbing subway stairs. Knowing the man's previous circumstances, I asked him why it was that he had stopped going downtown in his car. He replied that he now kept only one car which his wife needed during the day. He had put his own in storage and had discharged the second chauffeur. When I made a sympathetic response and hoped that he had not lost too heavily, he replied that while his income was reduced, he still had the same securities he had always had. He soon made it evident that he had nothing to fear unless the capitalistic system itself failed.

When I questioned him further about his reasons for giving up his own car and chauffeur, he replied that he thought it was the duty of every one in "times like these" to balance his budget as carefully as possible, just as the government should. He himself was willing to make sacrifices, such as giving up his own car and chauffeur. It was only one of a number of sacrifices he had made, such as not getting his customary two suits of spring clothes and other things which he had formerly allowed himself. Still further questioning made it evident that his saving was dictated not from any fear of the future, but from a wish to tune in with the general spirit of thrift. It was not long before he made the comment that rich people indulged themselves far too much when the poor were in such desperate straits. He was obviously filled with a righteous pride by his behavior.

A woman, thirty-eight years old, came to the office complaining of a pain in her side. The history was easily obtained. On entering her living room three nights before, she had stumbled into the mantelpiece, hurting her side. Her unfamiliarity with the exact location of the electric button was ascribed to the fact that in former days she had instructed the maid to leave a single light burning when she went out.

Due to her present course of rigid economy, all the lights were now turned out when she left a room. She was living on an income which, in 1932, was 30 per cent less than that to which she had been accustomed. Her actual expenditures she had curtailed proportionately to her diminished income. However, in previous years she had failed to live up to her income, which she had put aside and added to her capital. She was financially independent and could in no way exhaust her principal, by her style of living, even with a further 50 per cent reduction in income. Nevertheless, her saving included not only electric lights, telephone calls, and food, but also involved the dismissal of one servant and the purchasing of clothes of a quality to which she had not been previously accustomed.

She took an obvious pride in telling me of an evening dress she had purchased for $29, whereas formerly her dresses had cost many times that amount. Perhaps it would be too much to say that she reveled in this saving as if it were a kind of orgy comparable to the fasting of hermits, to the self-mutilation of the fakirs. She had decreased her spending to such an extent that, even with her diminished income, she was saving as much as she formerly had.

The emotions, however, that she exercised in this saving were so conspicuously self-righteous that she almost felt herself a poor homeless orphan. It is not too much to say that she thought of herself and the "other poor ones" in almost the same breath. She had secured for herself by her renunciations a prestige that she formerly had not possessed and that she was loath to give up. The fact that her restrictions were in part painful contributed a sense of excitement that she found agreeable. She took no pains to conceal this "masochistic" response, or the feeling of superiority that accompanied it. The publicity which the depression had given to the doctrine of thrift had offered her an opportunity to which she had swiftly responded.

The fact that many women have experienced an increased satisfaction with themselves from cutting down their expenses suggests that the necessity for saving is not the only motive. Important as economy has been for many people, it has frequently been practiced with a fervor out of all proportion to the practical situation. It has become in

these instances a kind of religious renunciation, accompanied by an appearance of humility and a feeling bordering on arrogance. The temptation toward this type of experience is peculiarly apt to assail women, for the depression has, in general, had different effects upon them from those it has had upon men.

Women, in contrast with men, have suffered little loss of self-esteem during the past three years. Men almost universally have accused themselves of lack of judgment in estimating the severity or the persistence of the depression. In many cases, the loss of their capital or of their jobs has awakened in them doubts of their ability. Women have suffered from the lack of money that resulted, but they have not had to take any of the blame for the situation in which they found themselves. Their sense of honor has not been involved. They have not been compelled to face that loss of prestige which men generally have experienced, and therefore they have been able to adopt the new gospel of thrift without hurt to their pride.

The hold that gospels of renunciation have always had upon the world is ample warrant for inquiring into the new form that it has taken during the depression. "Blessed are the poor in spirit, for they shall see God." It is our present opportunity, in this period of depression, to see this doctrine go forth under a new guise, the renunciation of worldly goods, under a transparent, false veil of necessity. The giving up of so-called luxuries has offered a new outlet for the self-castigating, renunciatory impulse, which, in former times, expressed itself through the giving up of the evils of the flesh under the fear of punishment and the hope of heaven. For those to whom intensity in creative effort, in productivity, in courageous enterprises has been a difficult or impossible feat, a pathway to the sensation of superiority has always been provided by the philosophy of worldly renunciation. We must recognize immediately that renunciation is not always derived from this simple formula, since impassioned men and women in all ages have utilized this method to protest against an over-preoccupation with surface, external realities to the exclusion of spiritual experiences. But for our present purpose, we must recognize that it has been employed in the way described, not as a forthright religious

aspiration, but as a devious method of obtaining masochistic satisfactions and sensations of superiority that are unworthy of the individuals who have so employed it.

When it becomes possible to discharge servants who have been long and intimately employed in a family without more than a surface recognition of their subsequent plight, the feeling of satisfaction in cutting down expenses has obscured feelings of sympathy and responsibility. An infatuation with one's own privations in following out a plan of saving may take hold of an individual in such a way as to make him obtuse to the privations he forces upon others in carrying out his scheme.

A vicious psychological circle has been created. The publicity which the depression has aroused with regard to the sufferings of those who are out of work has stimulated the evolution of a sense of guilt in those accustomed to a high standard of living. In the attempt to pacify their consciences, men and women throughout the nation have responded—to a variable degree—by accepting deprivations that were not actually necessary. To tune in with suffering, they have expanded their own personal suffering, without recognizing that they thereby lost their awareness of the sufferings of others. Once the pattern was elaborated, its persistence was ensured by the peculiar nature of the satisfactions that thrift afforded.

The present administration, through the NRA, is occupied with the attempt to interrupt the vicious circle of *economic deflation* by arbitrarily raising the price of commodities and salaries. When it is recognized that there is an equally vicious circle of *psychological deflation* still at work, an impetus may be provided for conquering it. It is necessary that a spirit of *psychological inflation* follow in the wake of the present program. Otherwise, we shall be faced with dealers who have stocked their shelves with merchandise for which there is no demand. The provision of money either through government relief or employment on public projects will not in itself unloose sufficient spending power. When we realize that there is still an unutilized buying capacity, restrained, not by inability to buy, but by mistaken notions of thrift, it seems only common sense to address ourselves intelligently to this problem.

An analysis of the factors involved should be made clear on a wide scale, persistently and with insight into the situation involved. A tentative program might be outlined as follows:

1. Discourage the type of advertising used by some savings banks which picture a destitute old couple in poverty, terrifying the beholder with the gruesome warning: "Save your money!"

2. Create publicity which will reveal *imaginatively* the beneficent effects of purchasing, in creating employment and providing food and shelter for those now in want. For this purpose, utilize the vast machinery for advertising now available—billboards, newspapers and magazines, movies and the radio.

3. Advertise to an equal extent the throttling influence of thrift at this precise moment in our efforts at recovery, its potentially ruinous effect on our program for the restoration of prices in the event that spending continues to be curtailed.

4. Institute an educational campaign through magazine, newspapers, the radio, and even the pulpit, exposing the fallacy of virtue obtained through giving up relative luxuries. The fear of being conspicuous through spending could be attacked directly by the fruitful results of spending. The sensations of superiority and martyred pride which support vast schemes of retrenchment that are not actually necessary could be exposed through a simple analysis of illustrative cases.

The kind of program inaugurated might vary widely from that outlined above, but the need for an effort of some kind to deal with a partially paralyzed buying power is urgently with us. An optimism that shuts its eyes to this menace is not securely founded. We have in our midst a cancerous notion of thrift, sustained by psychological attitudes that need to be straightforwardly dealt with. Without a right-about-face in our orientation toward saving, we will be unable to prevent a progressive lowering in our standards of living, no matter what external schemes may be formulated. The alteration in our point of view toward thrift may not take place without a specific program. At the present time every indication points to the necessity of a concentrated effort in this direction, through which the "sin of spending in times like these" would be transmuted into the sin of saving in times like these.

NURSING EDUCATION IN MENTAL HOSPITALS *

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THE term "psychiatric nurse" is of comparatively recent origin. Whatever it may eventually come to mean, at present it designates a nurse of all-round training who has had special or major experience and instruction in the care of psychotic patients in a hospital for mental diseases.

It is indeed a far cry from the "keeper" of the eighteenth century to the nurse of the present day. Pinel and Tuke opened the way. It was the substitution of a rational, sympathetic, and humane attitude for a superstitious, thoughtless, and cruel one. The abolition of restraint in some institutions, and the abolition of superstitious fears from the minds of those who had the immediate responsibility of the patient's care, were the first tremendous results. Keepers then became attendants and companions. It became the task of the doctors to maintain and elaborate this new relationship. Rules and instructions for attendants were formulated very early both in England and in this country by the leading hospital superintendents of the time. Among these were Conolly's "Teachings for Attendants," Dr. Bell's "Directions for Attendants," and others, notably by Drs. Kirkbride, Curwen, and Ray, members and former presidents of this association. As early as 1854 a course of thirty lectures was given to the attendants on the insane at the Crichton Institution at Dumfries.

While the general treatment of patients seemed to improve, the building up of the quality of the attendant personnel did not progress as had been hoped. The attendant was still an attendant, fitted only for asylum work and with no education that would enable him or her to meet demands

* Read at the Eighty-ninth Annual Meeting of the American Psychiatric Association, Boston, June 1, 1933.

existing in the community at the time. The field was narrow, the inducements inadequate to attract individuals of higher personal qualifications. For many years studied and earnest efforts were made to raise the standards of care by the use of these rules and directions for attendants. It was not, however, until the "nursing" idea became an integral part of the educational scheme that the dignity and importance of nursing the mentally ill began to materialize and the possibilities of the art of nursing in this field began to unfold. The two-year course organized at the McLean Asylum established the original standards, and attempt was made to give the pupil in the mental-hospital school the knowledge and technique of the nurse trained in the general hospital. In those hospitals in which schools were instituted the results were an increased interest in the work, a definite purpose in service, a broadening of horizons, and a heightened morale, which was felt all through the organization. The sense of fitting one's self for general nursing service gave stimulus and purpose to effort. The intimate dealing with the ideas and feelings of patients engendered a consideration of the individual such as was not so easily and naturally obtained in the general hospital.

The excellence of these early graduates was soon recognized. They stood, from the first, for the best traditions in nursing history and were therefore successful. Economic considerations were not the motives of these pioneers in organized schools of nursing in mental hospitals. The earnest purpose, the fine ideals, and the intelligent efforts of the able superintendents of the nineteenth century are reflected in this development of nursing education. The mental and physical comfort of the patient as well as his cure were the goals they aimed at. They realized, as does every thoughtful superintendent, that the possibilities for any kind of adjustment of the patient to hospital life lie ultimately in the nurse-patient relationship, and that without such adjustment the chances of progress are greatly reduced. The spirit of service to the patient, through intelligent and skillful nursing care, as exemplified and taught by Florence Nightingale in her work for the sick and needy, had to be implanted in the hearts and minds of those nursing the mentally ill. It never required education to develop a practical sympathy

for the *physically* ill or injured, but to create a consciousness of the suffering and wretchedness of the lunatic, the insane, the bewitched, the mad, the crazy (as they were variously termed) out of the superstitions, fears, and ignorance of the past centuries, required more than a hundred years of slow and persistent effort. Even to-day the conception of mental illness is befogged in the public mind by the sense of stigma and disgrace, born of this same ignorance and superstition. Even in the medical profession, up to the time of the Great War, the mentally ill were looked upon by the great majority of practicing physicians as patients hopelessly afflicted and to be passed on to institutions as speedily as possible, for a care and treatment in which they had little interest. Even in some institutions, the idea that mental illness requires skilled medical and nursing care is far from evident in the patient's environment.

It is little wonder, then, that the schools of nursing in mental hospitals were looked upon for many years, by the earlier organized schools in general hospitals, as inferior and insufficient for a good nursing education. The traditional attitude toward the mentally ill was a barrier to an understanding of the opportunities for acquiring experience and skill in nursing. A wide gulf of separation prevented any community of interests. Nevertheless, the two types of school continued to grow. Those in the general hospital, in the sunlight of greater public interest, of wider contact with the public, of stronger professional backing, grew more luxuriantly. Those in the mental hospital, deprived of this abundance of light and warmth from public interest and professional encouragement, developed more slowly, but did not cease to grow and have become deeply rooted in many hospital organizations.

Conceptions of a nurse's duties, of the type of experience essential to her education, and of the number and variety of subjects in which she should be instructed, have changed with the growth of scientific knowledge and its application to the treatment of disease. The comparatively simple curriculum of the early schools has been changed, added to, and elaborated until one wonders if, in the multiplicity of subjects thought to be essential to a nurse's education, there is any room left for the spirit of Kaiserwerth and the satis-

factions of personal service so constantly emphasized by the founder of nursing schools. However, the standards for scholastic attainment have steadily been raised, improved technique is demanded, and greater efficiency developed. These advances have been true of schools in both general and mental hospitals. Finally, the aspiration for more and better equipped instructors has led to the development of university departments and courses for the higher education of the nurse. As the curriculum broadened, the general hospitals established affiliations with other general and special hospitals, in order to give the pupil nurse the variety of experience which was deemed important, but which could not be obtained in the home school. After some years the mental hospitals increased their course to three years and sought affiliations with the general hospitals, so that their pupil nurses might get a more intensive experience in the fields of nursing not so advantageously and efficiently represented in *their* home school. And so it was, until out of the experience of the World War there developed a new attitude toward mental illness. Psychiatry was brought into the field of vision of the whole medical profession. The abundant and convincing demonstrations of the influence of mental states on body functioning, and vice versa, made psychiatry important in every department of medical practice. The studies of the endocrine system and the interrelationship of internal secretions and affective states have emphasized the integration of the personality and the impossibility of ignoring either the mental or the physical factors in the intelligent treatment of *any* patient. This conception of treating the patient, as well as the disease, though old as medicine, has attained new meaning and become a clearer reality in the past fifteen years. The broader and more comprehensive approach to the patient that is showing itself already in medical practice and medical education soon exerted its influence on the field of nursing education, so that finally graduate nurses and the pupils in general-hospital schools, through postgraduate and affiliated courses, are in increasing numbers seeking the mental hospitals for their contribution to the better equipment of the well-educated nurse. This interchange of pupils between schools and the giving of postgraduate courses in mental hospitals have al-

ready brought about a better understanding of the work carried on in mental hospitals and the value of the experience offered there. The recognition of common purposes and the identity of objectives has helped to break down some of the old prejudices and to establish a relationship of mutual advantage.

What, then, is the rôle of the mental-hospital school in the field of nursing education? Dr. Edward Cowles, former superintendent of McLean Hospital, and founder of the first school of nursing in a mental hospital, wrote as follows: "The primary and most general requisite in the nurse is perfection in her *personal relations with the patient,* and this is best attained in mental nursing." He goes on to say, "Even though the nurse should ultimately prefer bodily nursing, she does not forget the former, when it is followed by the *really specialist* training in the care of surgical and medical cases in a hospital for general diseases. The personal training is the general." This was a keen and unique observation. It was the evaluation of the actual experience with mental patients in terms of fundamental assets needful for those who would care for the sick, whether in body *or* mind. The truth of this point of view has long been verified in the nurses graduated from our best schools. Whether they have gone into private work or into general hospitals to fill responsible positions, or have remained in a mental hospital, their home-school teaching has not been forgotten, and has marked a difference in attitude and quality of work quickly sensed by the patient and by those whose supervision falls to their lot.

Up to the present time at least, this fundamentally desirable quality in a nurse is best obtained in our mental hospitals. Our graduates, I believe, should not be considered as specialists. On the contrary, they should rank as qualified registered nurses of a high type, with a superior fundamental preparation for general nursing. To be qualified as a psychiatric nurse, further intensive work in a mental hospital under adequate instruction and supervision should be required. As a specialty in nursing, like other specialties, it is best obtained by postgraduate work in the hospital that offers the experience desired. Whether skill in psychiatric

nursing can be acquired in any other way is doubtful. The evidence thus far is to the contrary.

The nature of this fundamental asset of the nurse from a mental hospital is perhaps difficult to define. It is partly a result of environment. The probationer enters at once into a situation where the mental condition of the patient is being given prime consideration. Extreme emotional states, distorted thinking, confused and befogged minds, childish behavior, personality changes of varied types, resentment, lack of insight, inability to adjust to the environment, impulsive reactions, and all the hundreds of mental manifestations—quite similar indeed to those observed in the life of those outside the hospital, only more pronounced—become at once the objects of daily concern. To find that these conditions are the symptoms with which the doctors and nurses are dealing, to feel that she must have a sympathetic understanding of and intelligent contact with these changed personalities, to sense the suffering of some, the indifference of others, and the obvious need of having an intelligent part in it all, make the *atmosphere in which she lives,* long before she knows what it is all about. The interrelationship between physical and mental symptoms becomes early a reality to be reckoned with. A respect for what the patient is thinking and feeling becomes emphasized in her daily duties and relations. Early preliminary instruction in the nature of her work and contact with earnest instructors, supervisors, and physicians add to these early impressions which shape her thinking all through and become ingrained, as knowledge and experience increase. She carries all this with her to her affiliated work in the general hospital, and brings back from the general hospital the added skill in technique which is such an essential and indispensable part of her professional equipment. In the general hospital she has learned and put into practice certain standard procedures, which enable her to act with confidence and precision in ministering to most of the physical needs of the sick and injured.

It is obvious that there can be no standard procedure for the psychiatric nurse. No set formula can be followed in meeting psychotic symptoms. The ability to adapt oneself to the individual problem, to cope successfully with the vari-

ous types of mental disorder in the close relationship of nurse and patient, is attained through the kind of experience and instruction that are found in our best schools in mental hospitals. It is true, always, that those are most successful who, in addition to character and education, have the power of adaptation and an abundance of tact and sound common sense.

Another factor in this fundamental asset of the nurse from the mental-hospital school lies in the fact that in most cases the superintendent of the hospital is a physician resident on the premises. His full time is given to the conduct of the hospital and his interest adds to the morale and efficiency of the nursing-school work.

A good school, whether it be large or small, turns out good nurses. The requisites for a good school, as elaborated by the promotors of nursing education to-day, appear to some to be idealistic and rather beyond immediate attainment by most general and mental hospitals. There are not a few people who think that among the subjects taught are some that are not so terribly important for an adequately educated nurse to spend time on in her undergraduate course. Dr. Alfred Worcester, of Boston, in an address to nurses at St. Luke's Hospital, New Bedford, Mass., in 1931, described a visit which he made to Miss Florence Nightingale during her declining years, after her active work was over. Speaking of the trends in nursing education even in those days, he said, "She [Miss Nightingale] fears that too much attention nowadays is being paid to the Science and too little to the Art of Nursing."

What Miss Nightingale would say to-day—with the developments in bacteriology, blood examination, body chemistry, X-ray, serology, endocrinology, metabolic estimates, fever therapy, hundreds of new pharmaceutical remedies, narcotic therapy, not to mention physiotherapy, psychotherapy, the newer understanding of mental mechanisms through psychological and psychoanalytical studies, and other important procedures—one can only surmise. She was ahead of her time when active, and doubtless would keep abreast of the progress of later years. Nevertheless, the art of nursing, we believe, she would never relegate to a subordinate place in the nurse's education, even if some of the newer and related

subjects had to be sacrificed. That the art of nursing has its roots in "perfection in her personal relations with the patient" (to quote Dr. Cowles again) will hardly be questioned. That this is a general requisite for all nurses we believe to be also true. That it is well provided for in our mental-hospital schools, where time and opportunity to study her relationship to the patient are available and where she is taught and required to make such study, would seem to have been demonstrated, and is another source of that fundamental asset that we have discussed.

A prerequisite for a good school lies in the personalities of the superintendent of the hospital, the medical staff, the school superintendent, and the instructors. These make the atmosphere of a school as well as its scholastic worthiness. The dignity and earnestness of the staff will be reflected in the serious interest and purpose of the pupil. Her attitude toward patients will be a reflection of the attitude of her superiors and teachers. The ideals and purposes of the superintendent become the goal of the teaching staff. The importance that each instructor attaches to his or her subject determines the faithfulness and care with which it is presented to the class. The quality of the product will never rise above the level of the standards of those who are directing its formation. The perfection of the nurse-patient relationship cannot be attained without its exemplification in the doctor-patient relationship and in the daily attitude of the head nurse.

It has been said that "a good nursing service, which implies both quantity and quality of service, is one of the prerequisites of a good field for nursing education." This is true in principle. It is the ideal toward which schools both in mental and general hospitals are striving. In 49 state-hospital schools, accredited by the American Psychiatric Association, there are an average of 21 graduate registered women nurses. As these are mostly on the women's wards and largely in the active and infirmary services, there is a pretty good background for the educational work of these schools.

It is not the purpose of this paper to outline the requisites for a good school. But emphasis must be placed on the need for a greater number of graduate registered nurses who

have had their education preferably in a mental-hospital school or in a general-hospital school plus an adequate post-graduate course in a mental hospital, if our pupil nurses are to get the most possible from their course. The state hospitals for mental diseases in the United States are caring for 285,000 patients. A very large percentage of these are in the continued-care class, which annually increases. One superintendent of nurses in a large public hospital has said that if she could have an adequate number of registered nurses psychiatrically trained, she could send home 500 of these patients in the course of a year. If this be true in part only, how tremendously important it is that our medical staffs should have an abundant supply of such nurses on the reception, infirmary, and acute services, where intensive treatments are demanded, where individual nursing service is essential, and where the hope of curative result is greatest. By a larger use of such nurses the continued-care groups may be prevented from so rapid an increase, the more recent patients will be assured a better chance for cure, and the student nurse will receive better supervision and teaching.

These desiderata call for a larger number of our registered graduates than are now employed. Nine superintendents reported difficulty in getting well equipped staff nurses for positions of responsibility and supervision last year, when unemployment was great. Thirty-two superintendents estimated that less than 10 per cent of their graduates enter the private nursing field. Assuming that the majority of those who did not go into private work remained in institutional service, there is still a great need for the best types of graduates in the mental-hospital field. Three hundred and seventy graduates went out from our accredited schools in mental hospitals last year. These are of the kind that our hospitals need in increasing numbers. They are a small proportion of the 25,000 graduates of the hospitals of the country, but they are peculiarly fitted for our needs and perhaps represent the best reason for the continuance and advancement of our schools of nursing.

All credit and praise are due to those who have persistently labored to raise the standard of nursing service in our mental hospitals by the maintenance of schools of nursing. The economic and political obstacles to progress in some

states are so discouraging as almost to paralyze effort. But in spite of these difficulties each year shows advance. Over 55 per cent of our accredited schools in state hospitals have nurses' homes for the exclusive use of nurses, and in nearly all of these the nurses have their separate rooms. Fifty per cent have separate dining rooms, while in others the nurses are satisfactorily segregated. All but four schools have a requirement of four years' high school for preliminary education, and some of these four have been able to attain the four-year standard. On the women's wards of 49 state hospitals we find 1,032 registered nurses, and six schools gave postgraduate courses to 170 graduate nurses. Many superintendents and boards of trustees are ready to develop their schools and are patiently waiting for the return of prosperity to press their plan for this method of improving the intelligent care of their patients.

The internal problems are perhaps not widely comprehended outside of the hospital personnel. A better understanding of the intensive medical work being done in our state hospitals is needed, and the impossibility of carrying on intensive work without an adequate supply of competent nurses must be emphasized more constantly and loudly. The needs of the thousands of patients pouring into these hospitals every year call for the highest type of medical and of nursing service; the two are inseparable. The importance of a more prominent place for psychiatry in medical education is being stressed and receiving intensive study by the leading medical schools and educators of the country. We cannot afford to relax our efforts to give better preparation to nurses for their work by instruction and experience in this important branch of nursing. Progress has been slow because of the hindrances above mentioned, but perhaps also there has been too little aggressiveness in our efforts to advance this most important branch of hospital activity.

Some one has said that in psychiatric hospitals 90 per cent of all the good and of all the harm done to the patients is done by nursing. Clifford Beers's Autobiography, *A Mind That Found Itself*,[1] vividly indicates the possible truth of this statement. It is safe to say, however, that schools of nursing in psychiatric hospitals have done more to minimize the harm

[1] New York: Doubleday, Doran, and Company. The nineteenth printing appeared in 1933.

and to increase the good done to patients than any other one influence within the hospital walls. It is surprising that there has not been more open discussion of nursing in mental hospitals. Among the papers published in the *American Journal of Psychiatry* during the past fifteen years, I find but four titles relating to these nursing schools. The curricula, the methods of choosing applicants, the nursing needs of patients, what the doctor wants in a nurse, how the nurse can best be helped in the understanding of her course, how adequate are her instruction and supervision, and many other matters of vital interest to the school and to the hospital have received but scant attention in the discussions at the annual meetings of this association. Yet these problems are of concern to mental hospitals and have much to do with their standards and the efficiency of their functioning. Their solution is primarily in the hands of the hospital officials who best know the conditions necessary for the smooth running of their organizations.

But nursing problems are wider than the boundaries of any one institution. Already our schools have met the standards set by state examiners in nursing. There is a constantly increasing interchange of nurses between mental and general hospitals which leads to an active exchange of ideas and methods, and the one can always learn something of value from the other. Unconsciously perhaps, each of these two types of school has kept rather apart and taken smug satisfaction in its own estimate of itself and its neighbors. It seems now, however, that common interest would be advanced and mutual understanding attained by the more open discussion of our common problems. A beginning is already planned in the Round Table to be held this evening, and at the meeting of the League for Nursing Education to be held in Chicago two weeks hence, to which this association has been invited to send a delegate.

Our superintendents of nurses and directors of schools are hard workers and need the most active interest and support, not only of the whole medical staff and other instructors, but of boards of directors and legislators and the interested public. The creation in each hospital of a school committee, with representatives of the board of directors and the medical staff and the officers of the school, I believe to be a step in the right direction. Conferences on nursing problems

between the superintendent of the hospital, the staff, and the school officers, as frequently as needed, will prove stimulating and helpful in solving problems and shaping policies and will strongly emphasize the invaluable influence of a good school of nursing in a mental hospital.

Nursing in general hospitals has always been the prerogative of the woman, and rightly so for the great majority of patients. It has been said that with proper instruction in methods and technique, her instinctive motherliness does the rest. This is a fine conception and while not to be relied upon universally, it is doubtless that factor in her make-up which furnishes love for her task and makes her ministrations so generally acceptable to the sick of both sexes. In the mental hospital the problem is different. Obviously there are those among the men patients whose care cannot be undertaken by a woman nurse. There are those whose mental illness would be aggravated rather than helped by her personal services. The mental patient is often not so physically sick as to require the technique of nursing procedure. He is often physically fit and perhaps a bit resentful of the idea of nursing attendance.

The manly, virile, intelligent man nurse meets the situation more satisfactorily. The effeminate type of personality has no place in this field. The male patient responds more readily to one who understands a man's point of view, who can enter into his interests and appreciate a masculine type of reaction. There are more ways in which the man nurse can enter into his patient's thinking and doing. There often develops a rapport which enhances the good influence of the nurse, whether for stimulation or control. By control I have no reference to muscular strength, which is no part of a *nurse's* equipment, but to the conscious ability through intelligent management to keep the patient in reasonable adjustment with his environment. It calls for a high grade of character, intelligence, and ability, and any pupil who fails to get a clear insight into the problems with which he must deal, or who shows inability to adapt himself to the task that must be his as a nurse, should be ruthlessly discouraged and prevented from attempting to qualify for work which he can never hope to pursue successfully. The same weeding out of women pupils is also a necessity if we wish

to establish standards of dignity and efficiency in our approved group of graduate nurses.

The patients in public mental hospitals are nearly equally divided as to sex. The care of the men falls to the lot largely of attendants and a comparatively small group of men nurses. I do not underestimate the value and efficiency of those many reliable attendants who have proved their ability by long and faithful service, especially with the long-stay patients. There are those among this group from whom, as one superintendent has written me, "most nurses could learn a lot." Nor do I depreciate the value of the right type of woman nurse with individual men patients, or the fine influence on the morale of a men's ward exercised by the presence of such a nurse. But to meet the requirements of psychiatric treatment of men patients, to know how to coöperate fully with the physician, to appreciate and understandingly enter into the man patient's difficulties, to recognize his mental illness as a problem requiring one's best thought and patient effort, to be able to hold the patient's confidence and still be his guide, to understand something of the results expected —these and very many other objectives come within the scope of psychiatric nursing. To attain them requires a good background and an education in a hospital for mental diseases. It is a man's work with men patients.

Are the men patients in our state hospitals getting the kind of nursing care that is desired? If statistics showing the proportionate number of registered nurses to attendants on the men's wards have significance, we must conclude that there is inadequate skilled nursing for our men patients. The answer is the education of a sufficient number of men nurses to fill the need. This, again, may properly be considered a responsibility of this association. Courses must be made attractive, living conditions comfortable and conducive to study and work, instruction adequate, and graduate positions of responsibility suitably compensated. Doubtless there are many obstacles to the following of such a policy at the present time. It is, however, but the extension and elaboration of systems already in operation, and the principle I believe is right. It means more work for the medical staff, but work that will react to their own growth and development. Eventually it will furnish better tools for work with our patients

and the return of more of them to the community. It means, perhaps, the education of boards of trustees, but more especially the education of the legislators who will have to justify the increased expense. The unquestioned benefits to mental hospitals from the training of women nurses is evidence of what may be expected from the training of men nurses. No lower standards, no less rigid selection, no less thorough weeding out of pupils who show themselves not adaptable to the work, no less dignity of status in the nursing field should be sought for and attained in the education of our men nurses.

The purpose of this paper is to emphasize the value of schools of nursing in mental hospitals, both to the nurse and the hospital; to analyze briefly some of the elements in the nurse's experience in the mental hospital which make her course of special value; to urge the maintenance of such schools on a high plane; to urge more general discussion of the problems of such schools; to help establish a rapport between schools of general and mental hospitals; to emphasize the need of a much larger number of educated men nurses in order to raise the standards of care for men in our state hospitals; and to stimulate renewed thought and interest in the study of the nurses' part in the treatment of psychoses.

MENTAL-HYGIENE IMPLICATIONS OF STUDENT RELATIONSHIPS WITH THE DEAN OF WOMEN*

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COULD one choose one's time to be a dean of women, it seems to me that one would wish this opportunity now. Not only are mental-hygienists and educators at present coöperating as never before in the effort to discover what contribution mental hygiene can make toward an understanding of the unadjusted student, whether he be in elementary school, high school, or college, but there is on the part of all of us a growing realization of the vital necessity for a better understanding of human relationships in a competitive situation that is almost overwhelming. As we have sought to understand our own mechanisms and emotional needs, we have realized the same necessity for understanding the mechanisms, needs, and drives of those with whom we are in daily contact, for, after all, the unsatisfactory outward behavior manifestations we often see are but symptomatic of deeper needs.

All this, perhaps, has given us greater concern about a most important lesson that few of us learned during the process of our education—the lesson of facing reality situations, a test to which we are being put with increasing pressure in this period of rapidly shifting social standards, economic and emotional insecurity, and leadership too frequently questionable in its lack of intelligence and emotional maturity. "Reality situations" in college were left as undiscussed subjects—*e.g.*, failure in an examination for which we had thought we were perfectly prepared until we apprehensively faced the "unknown" in two or three hours of writing facts; in other words, giving back to the instructor what he had "poured out" upon us for sixteen weeks. How

* Read before the National Association of Deans of Women, Minneapolis, February 25, 1933.

resistive we actually had been was measured, perhaps, in the final mark and the degree of our failure to remember the facts presented. There was often also a too ready success in subjects in which, to gain a high mark, we learned to write glibly what the instructor wished to hear instead of acquiring information that might later become a part of our work in a life situation.

A little nine-year-old of superior intelligence recently complained that he did not like his history teacher because she told "bum jokes." When he was asked what he did in response to these jokes, he replied, "Laugh at them, of course. It's better to get 1's and 2's than to have Daddy on my neck for poor marks." Perhaps he has learned rather early not to "threaten the ego" of his teacher because of the consequences, but one has a feeling that in later life this may not be an altogether invaluable lesson in a life experience in which he will meet many immature people whose behavior cannot be counted upon when their egos are threatened too much.

Several years ago a group of graduate students in a large university who had had considerable experience in mental-hygiene clinics were discussing certain facts presented by the college instructor which had been discarded in clinical practice many years before. It was the consensus of the group that careful notes should be taken, so that they might not "forget" and write their own ideas instead of the lecturer's material. Said one very intelligent young woman, "What difference does it make? We can cram for the examination and forget it all the next day, but Mr. X could never forgive an opinion that differed from his. The more A's one gets, the better position in the end." Is this situation—in which there is still such a wide chasm between the "practical" world and the academic—so very unusual?

A young lad who for six or more years had been safely sheltered for five and a half days a week within the walls of a private school—a school so far removed from the actual happenings of life that merely entering the campus, with its particular type of architecture and beautiful surroundings, gave one the feeling of entering another world—said one day, "You know, when I go home week-ends, I have such a queer feeling. Father is always talking about world ques-

tions, economic problems, and banking laws. I think I would like school if we talked about interesting things like that. At school we talk about Sophocles, Alcibiades, and Aristides."

Much is being written in current mental hygiene and educational literature about "the gap between life in the school and life on the outside of school."[1] I wonder every time I read such an article whether we are not all viewing colleges and schools a little more critically perhaps, but certainly with a very definite understanding that schools and colleges, like business organizations, reflect fairly clearly the personality of the director—too often, perhaps, his own unsolved emotional problems in the very selection of those whom he gathers about him as well as the policies he inaugurates and the way in which he handles the students. If he is an authoritative individual who must be the dominating person, then one can see on the college campus rules and penalties to the point where one often wonders how, after four years of constant "budgeting" of time by the faculty and imposed authority, the student will ever be able to take any responsibility for himself and his own acts.

A young girl from a "fashionable" private school said with a laugh in reference to her spending money, "Yes, I have eighty cents a week, but try and spend it the way you want! When we go to town, we are always accompanied by a faculty adviser. She picks out the 'movie' and tells us just what we can buy." Contrast that with the reality situation of a little twelve-year-old who at the beginning of each year is given money and a budget by a very intelligent father who acts as a consultant during the year, but does not interfere. When in December, 1932, the child came out with a deficit of $1.87, he was shown how he would have to carry over and make up the deficit in 1933. Is it not possible that college faculties and deans, like parents, take too much responsibility, with a crippling effect upon the young students who should be acquiring greater ability to depend upon themselves?

College environment is not a vague something made up physically of the college buildings, the campus, the fraternity houses, and whatnot. It is made up of the points of view,

[1] See "Russia Can Teach Us," by Frankwood E. Williams, M.D. *Progressive Education*, December, 1932. pp. 8–11.

biases, and prejudices of the president, the instructors, the deans, and the students themselves, all representing various life experiences, family backgrounds, and the many varied communities from which they come, which have had a great part in fashioning their moral, economic, social, and racial attitudes. Into this college environment comes the young adolescent, perhaps not to the college of his choice, but sent because his parents are meeting in this particular child their own educational deprivations, and this is the college that they would have selected for themselves had they had the opportunity. Too frequently it is the Alma Mater of the father or mother, who remembers his or her college days as a satisfying experience. Possibly it is here that they met their desires for recognition in an all "A" record or in social success connected with some fraternity or sorority. Possibly they are ambitious that their child shall make the same record, not realizing or understanding that he may not be equipped to attain these standards. As he goes on through college, not meeting the standards set, feeling more inadequate and insecure as time goes on, his professors and family become more exacting and he in turn may escape the reality of his situation by gambling or drinking (if he is a boy), or by "illness" for which the physician can find no organic basis, a conversion mechanism of his emotional conflicts which at least may again secure for him the attention of his parents and his instructors. He may even withdraw from the situation with lack of interest, more failure in his work, a show of "bravado," cheating, or various other types of symptomatic behavior.

Perhaps no student needs more consideration and help than the youngster over-protected by his parents, wholly dependent on their authority for every decision he makes, who is sent away to school still bound to them and their wishes by their expectation of a letter every day—perhaps a special-delivery letter on Sundays—giving an itemized account of each particular occurrence. Such a student is as a rule wholly unable to accept responsibility for a program of work and is often called by his instructors childish, infantile, and possessed of poor judgment. He never really faces the reality of work, but "dawdles" along as he has with his parents, expecting his instructors to put pressure upon him as his

parents did. If left alone, the college being sufficiently large, he often "cuts" classes, appearing only when he wishes, and at the end of the semester is often found on the probationary list or is sent home as incapable of doing the work. This boy or girl is frequently seen in the dean's office as a "disciplinary case." If the college assumes the same method of authority that he has always encountered from his parents, and brings to bear pressure and threats, his reactions are in accordance with his previous behavior—rebellion, punishment of his new "parent substitutes" by means of indifference and resistance.

How one wishes that by some magic one could teach parents early in the child's life to help him take responsibility for himself, remembering that only pressure from within the child will ever cause him to accomplish the tasks set before him—that external pressure will lead only to active resistance and refusal to work.

Nor can we pass over the fact that many students come to college during the period of late adolescence, when their own particular emotional drives are uppermost—their need for social success; their desire to emancipate themselves from their families, with all the ambivalence of feeling that involves; rebellion against all authority, whether parental or invested in their college instructors; and underneath the need still to be a "little boy or girl" again when pressure becomes too hard and too much responsibility is thrown their way. And last and perhaps most important is the adolescent's attempt to make an adjustment to the opposite sex—"stumbling in his methods," too often criticized and misunderstood by the adults about him because of their own conflicts about sex.

Those of us who have had a number of years of experience with adolescents know how trying and irritating their behavior can be—their "cocksureness," their restlessness, their craving for excitement, their rushing about from one fad to another, their "wise-cracking" on every occasion, their wishful lying, their romancing (to say nothing of their "crushes"), their need to overthrow all authority, and their recklessness. But those of us who have some understanding of them realize that all this behavior is due to their own insecurity in facing the many new problems and rapidly

shifting social standards with which they are confronted. We are all learning, too, that upon the extent to which our own egos are involved, our own need for authority, and so forth, depends our ability to stand by passively, but understandingly, and help the adolescent work his way constructively through this period of conflicts.

A high-school senior of seventeen years, of superior intelligence, out-going in personality, with much initiative, but with a great need to punish his instructors for what they had done to him by making him serve "over-time" periods, and so forth, was sent to a mental-hygiene clinic by his principal because he was failing in his work and causing a great deal of disturbance in his classes by "pert remarks and wise-cracking." He was one hour and ten minutes late, thereby missing his first appointment. This in itself was significant, indicating that he probably wished no advice from any one and was not coming of his own volition. He came fifteen minutes late for the second appointment and opened the interview by saying:

"There is no use talking about my work. I can get it if I want to."

When no answer was given but an encouraging smile, he explosively uttered his none too favorable opinions of most of his teachers, summing up each in a concise, quick way: the history teacher who "catered to the blond, dumb girls who flattered him"; the mathematics teacher who was "too bossy" and didn't "know what the world was all about"—she thought the only thing a "fellow needed in life" was to know geometry, while he had very different plans, his interest being in law; the literature teacher who told jokes that had no point at which he "for one would not laugh." From there on he launched forth, with a little encouragement, on an account as to how long he had felt this way, as long ago as his early school days, and how bored he was with constant reviewing; how his summers had always been spent in "jobs" as a newspaper boy, in work in corner drugstores, or moving-picture shows, or with a "gang working on electric lines"; and how he was now helping his family (caught in the depression) by driving a taxicab. His face lighted up as he told of his experiences with the

people who rode with him—some "fine, splendid men" whom he wished he could "be like."

When he had finished, he looked over at the interviewer and said, "I almost feel as if I owe you an apology."

When he was asked why, he said, "Well, I thought when I was asked to come down here—just another old, gray-haired hen would give me advice—for what? I have been here an hour and a half and you haven't said a word."

When it was pointed out to him that he apparently had a very good understanding of people and that no doubt he could handle his own school situation, he leaned forward and said, "What should I do about my teachers and my work?"

A discussion resulted in his summing up as follows: "You needn't worry. Teachers are like people we meet every day in work. We have to know how to get along with them."

Too prone are we to give young college students advice marked by the "remnants" of our own moral, family, and religious traditions, fashioned out of our own life experiences, without listening to what they have built up out of their life experiences, limited to be sure, but often the beginning of something that may be used constructively in the formulation of a philosophy that will later govern their life situations. The one question with which I think we are all beginning to concern ourselves more is: How can we help the student to interpret his own relationships with others by a better understanding of himself and those about him, so that when he faces the reality of life itself, he will not be constantly at war with himself—*e.g.*, over "fancied hurts" arising, perhaps, out of his own feeling of inferiority or from some other emotional problems—or live in constant conflict with his employers, or if he is an executive, with his employees, or in his many professional contacts?

A little ten-year-old said with much glee, "My teacher does not speak to the principal," and he had been referred by the teacher for "fighting constantly with other children." One wonders how one could expect a teacher with such symptomatic behavior to understand the child and his problem.

We are told too frequently of the "scars of college" that are carried through adult life—*e.g.*, the failure in his examinations of a young lad bewildered by a new environment much too large to be understood by him—lost in a popula-

tion of 6,000 or 7,000 people when he has lived in a home town of 1,200 or 1,500. A young student, referred at the end of her freshman year for failure in her work and no ability to make social contacts, told of her fear of college instructors and other students, adding, "I see more people in a day here than I do in a year at home." Her dean, a very out-going person with an easy social manner, said later in explanation, "I have too many girls to spend too much time on one person. They must learn to make their own adjustments." One could only hope that the next college would be more understanding of this sensitive, shy adolescent who had many possibilities, which appeared after several talks with her.

Or what about the college student who, sent home by his college in none too understanding a way, never accepts the failure as his own, but continues, for example, to punish the college through boys from his Alma Mater whom he, as an executive, never engages because of their connection with that particular college? Or in the event that he does engage them, he may continue to punish them by critical fault-finding and nagging until they are so insecure as to be utterly miserable and inefficient. The fact that he received no constructive help in facing the reality of his own failure in college is of importance since, as a director of an organization, he continues to project his own feelings of hate and resentment on younger men, thereby often causing conflicts and emotional problems in them.

To discuss the ramifications and implications of mental hygiene in college students is an endless task as well as a fascinating one, for in college we have the opportunity of assisting in the final preparation of the student for the reality of his life and work situations. Could I be a dean of women, I would wish for the inclusion in every student's curriculum of more practical, philosophical courses in mental hygiene. I would wish, too, that every dean of women might have some preparation in mental hygiene to enable her to have perhaps a more understanding approach to young adolescent students and their problems as well as a better understanding of her own emotional needs and drives.

Little can be accomplished on a palliative level with no understanding of the deeper root processes of the students'

problems. Too often have I heard a student criticized and upbraided for "poor study habits" by an academic psychologist who, after a psychological examination, has explained, "over and over again," "You have superior intelligence. You can do the work if you will," while the student is so torn by conflicts over parental or sibling relationships or feelings of inferiority and insecurity that he has no energy left to work. Until he can be given some awareness of these problems and what are causing them as well as what to do about them, he is much better left alone. Certainly no authoritative measures will help.

But most of all I would wish that there might be on every campus a psychiatrist with a fine social-psychiatric point of view, a staff of well-trained psychiatric social workers, and a psychologist who would be an aid to the dean in her work, consulting on the most difficult problems, teaching courses, and conducting seminars, so that college students on their graduation would indeed be fitted to face the reality situations of life, whether in marriage, parenthood, or professional careers.

AN EXPERIMENT IN THE TREATMENT OF FEEDING PROBLEMS THROUGH PARENTAL EDUCATION

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THIS study deals with an experiment in parental education which was conducted by the North End Clinic in Detroit. The project was formulated by Mrs. Eleanor Jones Ford, Director of the Clinic, and an advisory committee, of which Dr. David J. Levy was chairman. The problem that they faced consisted of the inability of deprived and uninformed parents to comprehend and follow the instructions of the pediatrician with regard to child patients. These children, concerning whom the parents were coming to the pediatrician for medical advice, were generally underweight, malnourished, and subject to frequent respiratory infection. In most cases they presented feeding behavior problems, often complicated by regurgitation or vomiting.

The project was threefold in character, combining the features of a nursery school, a class in nutrition and child psychology, and supplementary case-work in the home.

The major objective of the experiment was to determine whether or not feeding problems can be overcome, in children of generally deprived and uninformed parents, by instructing the mothers in nutrition and child psychology in a laboratory that incorporates a nursery school for the specific problem child.

The families selected for the study were Jewish. In general the cases were referred by the pediatricians of the clinic staff.

The experiment was carried on by a staff of two teachers—one of whom directed the nursery school and social work while the other instructed in nutrition and child psychology—and several volunteer assistants in the nursery school.

The project was maintained entirely by private contributions, until recently, when a gift was received from the Children's Fund of Michigan which enabled the experiment to be continued to the end of the school year. The quarters, which were very simple and limited in equipment, consisted of a nursery-school playroom, a rest room, a space for out-of-door play, and a kitchen. The quarters, all of the equipment, and many of the supplies were donated by various interested organizations and individuals.

The method of conducting the experiment consisted of the following features:

1. Preliminary study of the family to determine eligibility for the project.

2. Attendance of children in nursery school three days a week, from 9:00 A.M. to 3:00 P.M., for habit training and for observation by the mothers of the children.

3. Class instruction, one day each week, in child psychology, and discussion of specific behavior problems.

4. Mothers' observation of children's undesirable behavior and methods used in bringing about desirable habits and improved conduct. A modified Gesell type of screen was used to prevent the children from being aware of observers.

5. Class instruction one day each week (same day as class in child psychology) in nutrition, and experience in preparing simple, nourishing, well-balanced, and attractive lunches for the children in the nursery school.

Serving of mid-morning lunch of cod-liver oil in orange or tomato juice, and a healthful, well-balanced noon lunch.

7. Personal discussion in an interview of more involved family situations contributing to the child's behavior problem.

8. Assistance in carrying reëducation methods into the home. The nursery-school teacher visited the home in order to observe the methods used, to detect additional causes of maladjustment, and to obtain the coöperation of the household.

9. The taking of a social history, throughout the study of each case, with a view to determining the factors that

contribute to the child's physical growth and personality development.

10. Treatment of the children's physical disorders and checking of their health progress.

Twenty-five children are included in the study presented, although not all of them had been in the school long enough to show marked adjustment. In the school new families were admitted as older cases were dismissed as satisfactorily adjusted.

The social status of the families was comparatively low. In eleven of the homes the parents were foreign-born. Six of those born in the United States had completed public school, and of these, three had taken some high-school training. The remainder of the group had little or no education. In general the fathers were vegetable vendors, dealers in junk, and factory laborers. At some time during the course, eleven of the families were assisted by the Department of Public Welfare and four others were aided by relatives.

Table I shows the median age and the age range of the children at the time of enrollment. The median for the group is 36 months and the range 22 to 55 months. The girls, however, were entered younger, their median age being 35.5 months, while that of the boys was 47 months.

TABLE I.—MEDIAN AGE AND AGE RANGE OF 25 CHILDREN AT ENROLLMENT IN NURSERY SCHOOL.

	Number	*Median*	*Range*
Boys.	13	47 months	22–55 months
Girls.	12	35.5 months	26–52 months
Total group.	25	36 months	22–55 months

Although each child was referred primarily as a feeding problem, observation and study of the case by the staff revealed faulty food habits as only one of many problems. Table II presents the physical conditions and behavior problems that characterized the group.

The tabulations indicate a marked contrast between the number of problems reported by the pediatrician and parents and those detected by the workers. This difference may be accounted for by the fact that the pediatrician's examination had to do chiefly with physical conditions. In the clinic

TABLE II.—PROBLEMS PRESENTED BY 25 CHILDREN

Problem	*Cases previously reported by parents and pediatrician*	*Cases detected by workers*
Physical condition:		
Underweight	12	18
Malnourishment	11	20
Frequent respiratory infection	11	23
Dental defect	1	9
Tonsil and adenoid defect	22	23
Constipation	1	18
Food habits:		
Finickiness	6	22
Poor appetite	12	20
Refusal to eat	18	16
Regurgitation	3	23
Use of nursing bottle	6	13
Not feeding self	0	18
Sleep habits:		
Irregular and insufficient	1	23
Toilet habits:		
Not established	0	9
Dressing habits:		
Not dressing self	0	25
Physical habits:		
Enuresis	1	9
Soiling	1	1
Thumb-sucking	1	3
Nail-biting	0	10
Masturbation	0	6
Stuttering	0	3
Retarded speech	1	1
Overactivity	0	5
Sluggishness	0	1
Behavior problem:		
"Badness"	10	0
Dependence	3	13
Temper tantrums	5	23
Stubbornness	2	18
Disobedience	3	24
Destructiveness	0	17
Selfishness	0	15
Seclusiveness	0	4
Feeling of insecurity	0	16
Timidity	0	5
Excessive fears	0	13
Meticulousness	0	1
General attention getting	0	22
Excessive crying	3	14

he has had little opportunity and time to observe the child's personality behavior, especially in relation to the family. The parents' lack of information and standards pertaining to behavior necessarily handicapped the pediatrician in presenting therapeutic advice.

Our discussion will deal with the findings of the workers.

Physical defects among the cases studied appear numerous, the item occurring least frequently—dental defect—being present in more than one-third of the children. (This is high, considering that the teeth are erupting.) Of special significance is the extremely high frequency of respiratory infection and of cryptic and enlarged tonsils and adenoids. A low resistance seemingly results from this cause and malnutrition, the latter characterizing 20 of the 25 children in the group. Of significance also among the feeding problems is the high proportion of cases (18 out of the 25) suffering from constipation, as this condition is controlled primarily by diet and habit.

The high frequency of many of the items shown in Table II is evidence that faulty food habits are only one phase of the children's expression of maladjustment. At the time of enrollment, 23 of these children were having irregular and insufficient sleep; none of them were able to dress themselves; 23 were displaying temper tantrums; and 24 were disobedient. Almost as many of the children (22) manifested general "attention getting" behavior; 18 were stubborn, and 17 destructive. Approximately one-half of the cases were characterized by excessive crying, dependency, and pronounced fears. Other undesirable traits appeared in less degree.

Examination of the food habits apparently revealed a pronounced tendency in the children toward lack of desire to eat. The fact that 23 of the cases commonly regurgitated their food may be interpreted better if studied in connection with the history of weaning which is given below. It is highly significant that almost three-fourths of the children had not learned to feed themselves.

An analysis of the age at weaning of 21 of the cases studied showed that 20 of them were bottle fed to an age of from ten to forty-eight months, many of this number having been given the bottle at the time of breast weaning. Seventeen

of the group were breast fed for a period ranging from one week to fifteen months. (Four were bottle fed from birth.)

The average age of weaning from the breast was eight months, which time is generally considered normal. Bottle weaning was late, the average age being thirty months. Three-fourths of the cases nursed the bottle for a period of two to four years. This condition indicates causes that contributed to the origin of the feeding problems. Home visits verified the opinion that the milk diet was supplemented little. However, after satiation with milk, the children were fed, urged, punished, and indulged in an effort to make them eat large servings of adult foods (generally a long-cooked soup of meat and vegetables). In addition, they were not taught the use of feeding utensils. In every instance the habit of regurgitation started when the child was forced to eat. Furthermore, the condition of malnourishment undoubtedly was related closely to the poorly balanced and insufficient diet.

An attempt was made to determine the cause of the development of the feeding problems and other undesirable behavior. Table III is an analysis of apparent causative factors.

TABLE III.—APPARENT CAUSATIVE FACTORS IN FEEDING PROBLEMS OF 25 CHILDREN.

Causative factor	*Cases*
Training:	
Faulty habit training	25
Inconsistency in method	24
Disagreement between parents about discipline	13
Poor example	15
Nagging	25
Threats	21
Frightening	6
Severe physical punishment	7
Family attitudes:	
Marital discord	12
Interfering relatives	9
Sibling rivalry	6
Types of solicitude:	
Over-protection	9
Rejection (before birth)	11
Rejection (after birth)	9
Neglect	4

This table indicates that the causative factors most frequently encountered are connected with training. The fact that faulty habit training and nagging characterized the bringing up of all the children in the group is consistent with the earlier presentation of an outstanding degree of undesirable food, sleep, and dress habits. It is apparent that most of the behavior problems are expressions of undesirable training.

The effect on the children's behavior of disturbing family relations, especially marital discord, is impossible to measure and difficult to estimate, as this early conditioning of emotions and attitudes is likely to remain deep-seated. Undesirable types of solicitude, such as over-protection, rejection, and neglect, likewise may have far-reaching personality effects.

A word of explanation is due as to the use of the term over-protection. The fact that only slightly more than one-third of the group is described as "over-protected" appears inconsistent with the earlier statement that none of the children were dressing themselves and nearly three-fourths of the group were being fed by adults. The psychiatric use of the term, involving strong emotional association with the extra solicitude, is the standard used in this study. Each of the parents who "over-protected" gave evidence of one or more of the following mechanisms: compensation for rejection of the pregnancy; substitution of the child for other normal emotional outlets; indulgence as the result of anxiety during a babyhood illness of the child's. In general, prolonged care of an infantile type, such as feeding and dressing the child, was apparently the result of ignorance of child development and standards of growth. In these cases there was seemingly no comprehension of the fact that the child who is not permitted to learn to dress and feed himself is being restricted in his development of independent behavior.

RESULTS OF THE TREATMENT

As we explained in describing the method of the study, the children were trained in the formation of desirable habits at the nursery school, while the mothers were taught the principles of child psychology and nutrition by means of class instruction and home visits. In measuring the success

of the treatment, we used a modification of the scale formulated by the Smith College School for Social Work for rating social adjustment. As described in a publication[1] of Smith College, this scale is as follows:

> "A. Original problems have disappeared and no new problems have appeared. The child has friends of the age and sex normal for his age and intelligence. His school work is consistent with his I.Q. . . . At home he is a friendly, coöperative member of the family group.
>
> "B. The problems for which he was referred or which were revealed in treatment have very definitely improved, though some occasional traces of them may remain. His adjustment may be less than ideal on one of the criteria points—home adjustment, friends, school or work—but he is not markedly maladjusted in any of these spheres. Further treatment by the clinic is not indicated, unless it should be very slight, occasional contact there.
>
> "C. Some problems still exist, sufficiently marked to handicap the child in his adjustment with other children or at school or work or at home. Further treatment by the clinic is indicated (that is, ideally; this statement does not take into account circumstances that may make further treatment impossible), but there is no emergency need for such treatment.
>
> "D. The child shows definite behavior or personality problems (there is very little improvement over the situation as it originally existed); he is in real need of further treatment and is definitely maladjusted in at least two of the three spheres of adjustment—home, friends, school or work.
>
> "E. The child's problems are more severe than when he was referred; new problems have probably appeared; he may be delinquent or show definite psychopathic traits; his adjustment is unsatisfactory in all of the three spheres mentioned above."

In order to be able to use averages, we substituted the numbers 1, 2, 3, 4, and 5 for the letters, 1 indicating the best adjustment. Because the children were of pre-school age, the scale was modified to include chiefly the major thought of each category. In rating the cases, the combined judgment of the writers was employed. Decisions were substantiated with illustrative evidence.

In rating the cases, averages for which are shown in Table IV, the most frequent marks given were "1" and "2." No child ranked "5" in any trait. Two children received "4's" on several items. One of these was withdrawn from the experiment, and the other was a recent addition to the class.

[1] "The Social Adjustment of Children of Low Intelligence," by Louise Hay and Beatrice Kappenburg. Part III. *Smith College Studies in Social Work*, Vol. II, pp. 146–74, December, 1931.

TABLE IV.—SUCCESS OF TREATMENT IN OVERCOMING PROBLEMS OF 25 CHILDREN.

Problem	*Occurrence at time of enrollment*	*Average rating of improvement*
Physical condition:		
Underweight	18	1.38
Malnourishment	20	2.05
Frequent respiratory infections	23	1.60
Dental defect	9	2.11 *
Tonsil and adenoid defect	23 †	
Constipation	18	1.27
Food habits:		
Finickiness	22	1.54
Poor appetite	20	1.65
Refusal to eat	16	1.18
Regurgitation	23	1.17
Use of nursing bottle	13	1.00
Not feeding self	18	1.05
Sleep habits:		
Irregular and insufficient	23	1.34
Toilet habits:		
Not established	9	1.00
Dressing habits:		
Not dressing self	25	1.48
Physical habits:		
Enuresis	9	1.00
Soiling	1	1.00
Thumb-sucking	3	2.33
Nail-biting	10	1.50
Masturbation	6	1.16
Stuttering	3	1.33
Retarded speech	1	3.00
Overactivity	5	1.40
Sluggishness	1	2.00
Behavior problem:		
"Badness"	0	0.00
Dependence	13	1.53
Temper tantrums	23	1.43
Stubbornness	18	1.65
Disobedience	24	1.62
Destructiveness	17	1.17
Selfishness	15	1.33
Seclusiveness	4	1.60
Feeling of insecurity	16	1.75
Timidity	5	1.60
Excessive fears	13	1.38
Meticulousness	1	1.00
General attention getting	22	1.81
Excessive crying	14	1.21

* Two cases requiring corrections in orthodontia were not completed because of the inability of the parents to pay for material, which is furnished by the clinic in severe cases only.

† Nine tonsillectomies and adenoidectomies were performed. Others were unable to pay for service no longer included in the clinic budget.

The successes are most revealing as to the possibilities of reconstructing the child's behavior through habit formation and through developing in the parents an understanding of child problems. In a few cases continued marital discord and lack of coöperation of interfering relatives prevented maximum progress. In most of these instances, however, there was a neurotic or border-line-psychotic adult in the picture.

The writers regret their inability to use standardized measures of improvement. Even regular measurement of physical development has been impossible. This has been due to lack of funds and to the fact that many objectives have been evolved as the experiment has progressed. Improvement, however, has extended far beyond the items listed. Pleasant, coöperative family attitudes, even in the midst of deprivation, are generally replacing quarreling and nagging. The children, being better nourished and having established desirable rest and play habits, are less irritable. Also, since they are receiving less punishment and coercion, they have less opportunity for retaliative behavior. Through better knowledge of food values and body requirements, the mothers are able to plan and prepare at a minimum cost well-balanced and attractive meals for the entire family, thus receiving maximum value for the money expended. In addition to improvement in the specific families concerned, the mothers are extending the instructions to their neighbors, friends, and relatives.

ILLUSTRATIVE CASES

Case I.—E. A. and N. A., identical twins of three years, were pretty girls with dark curly hair and blue eyes. They were active, meddlesome, and intent on "showing off," were markedly underweight and malnourished, and cried excessively. They were referred because of malnutrition, frequent respiratory infections, and need for habit training.

Further study revealed almost constant colds, constipation, and digestive upsets; fear of doctors and nurses; bottle feedings at irregular intervals; eating of sweets, herring, and so forth between meals; regurgitation, due to their being forced to eat large quantities of adult food at meals; temper tantrums and long crying; toilet habits not established; irregular and insufficient sleep. Also, the twins were irritable, selfish, stubborn, destructive, and extremely noisy in play. E. A. dominated her sister, who displayed feeling of inferiority.

Investigation showed the twins to be the "center of the stage" in a home where a less attractive older sister, aged eleven (an admired only

child for seven years before their birth) was ignored and rejected for them, criticized and punished for her behavior, and forced to obey the twins, whom she adored. This sister was markedly underweight, was failing in school, had no friends, refused food, and slept little. She was impudent, destructive, and taught the twins tricks of misbehavior.

The mother, naturally active, happy, and ambitious, was "sick of it all." At the age of three, she had been deserted by her father at the time of his second marriage. She had lived in a Protestant orphanage until she was sixteen; then she had been given a home in a Gentile family of high social and economic standing. Four years later she had met her husband, a handsome Jew. At the same time she had learned that she was a Jewess. As she had thought it desirable to marry into her own race, she had broken her engagement with a Gentile. The death of the husband's mother a few weeks before the marriage had influenced her to keep house and care for his father, an orthodox Jew, and eight younger children. Her father-in-law criticized her for her lack of knowledge of Jewish orthodox customs and her husband's siblings treated her with disrespect, even using her beautiful clothes and her savings of over $2,000.

After the birth of the first child the mother had deserted, but had consented to return on condition that a separate home be established. Her husband, however, had soon insisted that one or more of his relatives live in the home and had given them money even when his own family was in want. Before the depression he had made a comfortable living for the family, except when his stubborn temper had caused him to lose jobs. He excused the twins' behavior, saying, "They are just babies," was uncoöperative about adopting better methods of habit training, and was unwilling for the mother and children to attend class.

At the beginning of the study, the family occupied the lower five rooms of a house that was being bought on contract. The paternal grandfather, with several of his children, occupied the upper floor. The rooms were sparsely furnished, in disorderly fashion, with broken and marred pieces that showed evidence of former good quality. The floors were dusty and littered with papers, broken toys, pieces of discarded food, and so forth. The walls were covered with pencil and crayon scribblings made by the father and the children. The odor of gas from a dilapidated hard-coal burner was at times suffocating. Two bedrooms contained one bed each. The twins slept either with their parents or with their sister and paternal aunt.

The twins were made to dance and sing for the many visiting relatives present every night. They refused to go to bed before their parents and usually arose with the father at 6 a.m. Occasionally, after a long struggle, the mother succeeded in getting them to take a nap; at such times they slept from three to five hours. The children ignored the mother's loud and incessant nagging and screamed when they chanced to be near enough to be slapped. Their favorite pastimes were writing on the wall, scratching the furniture with sharp objects, pulling the contents out of dresser drawers and hauling them about the room, banging on the piano, and emptying food out of the cupboard. Attempts to control them resulted in prolonged temper tantrums which were usually ended by allowing the children to have their own way. The efforts of the older sister to do home work resulted in the twins' demanding and

screaming for books, which they destroyed, scattering the pages on the floor. The twins were often inadequately dressed; shoes and stockings were usually lost, and underwear was left off because the mother tired of changing it several times a day.

A visit at mealtime revealed the twins jumping on top of the table and rolling up in the tablecloth as soon as it was spread. Large servings of food were placed in cracked and broken dishes. One child was given a tablespoon as the only utensil available. The twins shoved the dishes back and forth on the table until forced to eat the contents not already spilled. Eggshells and orange peelings were thrown on the floor. One of the twins, being forced to eat, regurgitated; the other, who had been eating, suddenly stopped, declaring, "I'm not going to eat either," and then joined her twin in crying. The mother and the older sister nagged constantly. Finally the mother suggested to the sister, "Mind your own plate." The girl, answering, "I don't want it," left the house for school.

The twins' progress in nursery school and at home was slow during the first four months. Attendance was very irregular. The mother, although interested, accomplished little in her efforts toward child training, because of interfering relatives and the father's refusal to coöperate. Later, the father observed the nursery-school procedure while working in the building where the class was located, and for the first time appreciated its opportunities. His coöperation was gained immediately. With both parents attempting to be consistent in their methods of training, improvement at home and at school immediately followed. Sufficient and regular sleep was first established. After a week of such practice, E. A. stated: "I like to go to sleep; it makes me feel happy." The twins themselves became eager to improve their conduct. They began to consider it "babyish" to cry.

Commendable health and physical habits were established and standards of cleanliness, orderliness, respect for property, and property rights were built up. The home, which was badly in need of repair and on which the balance owed on contract was more than the present valuation, was given up for a newly decorated, light, and airy flat. The relatives were left behind. All members of the family took joy in equipping the new home with dishes, curtains, and so forth and keeping it in a spick-and-span condition. The father, as his contribution, refinished all the furniture before moving. The twins gave as their excuse for refusing to visit the paternal grandfather, "I don't want to go to that dirty house. I want to stay in the pretty, clean one."

Coöperation of the public-school teachers was obtained in assisting the older girl with her problems. The mother became more understanding of her. This resulted in a spirit of coöperation and companionship, with the girl feeling that she held a place of importance in the family.

Seemingly, N. A. overcame her feeling of inferiority and E. A. became more coöperative and less domineering.

Contact with the family a year after dismissal revealed an attractive, well-organized household, with its members healthy and happy in spite of severe financial distress. The relation between the mother and the older daughter was admirable. The girl was doing passing work in school, was taking greater interest in herself and the home, and had several companions her own age.

Case II.—S. G., a girl, three, was malnourished and underweight, had cryptic and enlarged tonsils, and was subject to frequent respiratory infection accompanied by swollen glands. She was a problem child in a household of seven adults, where she cried most of the time and demanded their attention in all of her activities. She had undesirable food habits, including many food dislikes, poor appetite, rejection of food by crying, and regurgitation. She refused to sleep alone or to take a nap unless her mother remained with her. She would play out-of-doors only when in the company of an adult.

The problems began when the patient was one year of age, at which time her father was laid off from work and the family moved into the home of the maternal grandparents. They had lived there before, a few months after the birth of the child, as the grandmother had convinced the mother that she was too young and inexperienced to care for the baby. The marriage of the parents had been opposed by the maternal grandparents because of the mother's youth. Objection had been made also by the paternal grandmother, who resented her son's having a fiancée and wished to remain in control of his pay check. Nevertheless, the young people were married and established a separate home at that time and again shortly after the birth of S. G.

The child was pampered and indulged in the new home, especially by the grandmother, who insisted that S. G. have everything she wished, petted the child when she cried, and fed her, even though at first the child delighted in helping herself. The grandmother quarreled with neighbor women, as she declared that S. G. was more beautiful and intelligent than their children. In the presence of the child, she frequently stated that she loved her more than she had her own children.

The grandmother resented the mother's enrolling in the school and attempted to prevent her attending. The mother, however, was enthusiastic about the instruction and pleased with the child's improvement. She was eager to carry out suggestions at home, but met with opposition and interference from her relatives when she attempted to let S. G. cry without receiving attention and go without food instead of being forced to eat, and put her to bed at a regular hour even though the child protested. The relatives called the mother "cross" and "cruel," and picked up the child and caressed her.

After several months of such inconsistency in the training of the child, the mother took a firm stand and demanded the coöperation of her family in observing the routine and methods she had learned in class. In a short time the grandmother and the other adults were pleased that they had coöperated and expressed pride in the child's improved behavior.

After one year the mother and S. G. were dismissed from the school, the parents being confident that they could assume the responsibility of the child's further training. S. G. had developed into a happy, stable child, was well-adjusted socially, and preferred the companionship of children of her own age to undue attention from adults. Her weight was normal for her height and age and her general appearance healthy. Her tonsils and adenoids had been removed. Desirable habits had been established with regard to eating, sleeping, toilet, and play. She was dependable in regard to her person and to property, and no longer demanded the attention of being fed, dressed, and otherwise waited upon.

A short time before the dismissal of the mother and child from the class, the family moved to a small apartment in a neighborhood where S. G. could have the association of children of her age. The mother extended her information with regard to child training and development to her friends and to groups in the community. On several occasions she invited other mothers into her kitchen, where she demonstrated the preparation of nourishing dishes and explained "what to do when your child refuses food."

Six months later, financial reverses again necessitated the family's returning to the home of the maternal grandparents. But the standards of health, behavior, and happiness were maintained. After S. G. entered the public school, an interview revealed that she was well adjusted and that no new problems had appeared or none of the former ones returned.

Case III.—D. P. and his mother were living in the home of the boy's maternal grandparents as a result of the father's recent desertion. The mother, however, spent a short time daily at her own home as a pose to the neighbors and in an ambivalant desire for her husband's return D. P. was an adorable, healthy, well-developed boy of two years, whose behavior kept a household of several adults in a continual state of tumult, fear, and confusion. He was accustomed to being in the home of his grandparents, as frequently during his life his mother had used it as a retreat from an unhappy marital situation. She had developed sex conflicts, as a result of her childhood training, and combined with these attitudes was an extreme horror of pregnancy. The consequent discord led the husband to a trial desertion.

The mother—amid complaints that D. P. was "mean," "bad," selfish, destructive, and fearful, had an uncontrollable temper, refused food and sleep, was enuretic, and had frequent colds—nervously and helplessly wrung her hands saying, "I'm so worried! What can I do?"

Observation in the home revealed that the boy was overactive and destructive, and as a result, was almost constantly subjected to screaming, nagging, slapping, and threats. His general attitude was an attempt to ignore the confusion, but often his responses varied from biting his nails to screaming, trembling, and hanging his head. The adults, in turn, reacted to the tantrums first by scolding him in high-pitched voices and hitting him, then by cuddling and soothing him into laughter and play. The bumped head was kissed, anointed with salve, and wrapped in a towel.

D. P. had a number of extreme fears. Teasing uncles, of adolescent age, found sport in jumping at him from behind dark doors and exclaiming, "A man is getting you!" Consequently, the boy screamed and trembled at the sudden appearance of any strange man. The grandmother, at the sound of the fire siren, assumed that the child would be afraid, ran to him, hid his face against her, and assured him that she would not let anything harm him. As a result of these fear experiences, D. P. sought security. In strange places he demanded that he be carried or hold the hand of an adult. Furthermore, even in familiar surrounding, the mother would not permit the child to go up or down stairs alone or to walk on the street without holding her hand.

The boy was fed large servings of food by the mother at irregular

intervals. He usually enjoyed these sessions, and laughed at her efforts to make him eat. When she became too insistent, he regurgitated and had a temper tantrum. (Against the mother's wishes the diabetic grandmother gave him candy between meals.) His sleeping habits were undesirable also. He rarely took a nap, and at night he refusd to go to bed before other members of the family. Then regularly he awakened and cried until he was taken up or otherwise indulged.

In the treatment the mother was shown that D. P. was not "mean" and "bad," but that his behavior was natural in view of his undesirable training. It was some time before she could be persuaded to bring the child to the nursery school and for several weeks she made little use of suggestions as to procedures to be carried out in the home, because of her own anxiety about the child, interfering advice and ridicule, and her absorption in her marital worries. Finally, after unusual assurance of the boy's safety, she entered him in the class. After she had observed his development at school, she realized the value of the methods used and undertook a definite program of training.

D. P., instead of crying and bumping his head, sang happily in his freedom at the nursery school. He quickly adjusted to the new routine and gradually changed his habits. His occasional upsets at school were traceable to incidents at home. During his four months' attendance, he became more stable, dependable, and independent of the attention and protection of adults, and established desirable health habits.

The father returned shortly after the mother and boy entered school. This caused confusion in the new program of habit training, as the father, in an attempt to overcome the child's estrangement from him, took his part at times when the mother was systematic and firm. However, the father, after gradually becoming appreciative of the mother's efforts and purposes, grew more understanding and coöperative. Furthermore, the essence of the marital discord had been relieved by helping the mother to more normal attitudes toward sex and by taking her to a clinic for contraceptive information.

At the close of the school, although several of the boy's problems could not be ranked high in improvement, a wholesome family unity had been achieved, and a desire instilled to continue the child's development and training by means of the improved methods.

CONCLUSIONS

The results of this experiment in overcoming feeding problems through parental education suggest a number of trends that are in agreement with the following general principles of child development and training:

1. Children with severe feeding problems are inclined to be malnourished as a result of insufficient food and lack of well-balanced diet.
2. A condition of malnourishment, combined with the lack of foods containing immunity-building products,

causes the patient to be subject to frequent respiratory infection and other physical impairment.

3. The child will eat varieties of nourishing, healthful foods—milk, vegetables, eggs, and fruit dishes—with pleasure and zest if he forms habits of and desires for doing so.
4. The fact that the child is a feeding problem is an index that he has general behavior disorders and is maladjusted in his home situation. The apparent cause of the development of feeding problems is that the first sign of refusal of food is given undue attention. Faulty food habits appear in combination with other "attention-getting" mechanisms—crying, tantrums, dependency, and general disobedience.
5. Psychologically, children who resort to undesirable methods of getting attention acquire such habits because their responses meet satisfaction. Parents encourage the child's refusal to eat by displaying their anxiety and thereby making him the "center of attention." They assist him in forming habits of regurgitation by fussing and worrying instead of ignoring the responses. They grant the child's demands, when he emphasizes them with crying or temper display, instead of firmly refusing or ignoring them.
6. Behavior problems are encouraged through irregular habits of eating, eliminating, resting, sleeping, and playing. Combined with the undesirable habit responses is irritability due to hunger, fatigue, and constipation.
7. Behavior problems in children may develop as a result of the fact that parents are ignorant of the principles of child training, such as insisting upon regular habits, not rewarding undesirable responses, and encouraging instead of preventing the development of independence.
8. Behavior problems may develop as a consequence of unstable emotional elements in the environment, such as quarreling and nagging among adults which, seemingly, produce a feeling of insecurity in the child. Additional emotional factors are rejection and overprotection of the child by the parents.

9. Children with undesirable habits and behavior reactions can be reconditioned through the application of the psychological principles that govern child training. Their emotional attitudes, such as insecurity resulting from rivalry, rejection, and discord, cannot readily be reconditioned, but are improved through helping the parents to an understanding of child development.
10. Even uninformed and deprived mothers can learn and practice the psychological principles of child training and can reconstruct their own behavior and attitudes toward the problem child and other members of the family.

BOOK REVIEWS

THE DYNAMICS OF THERAPY IN A CONTROLLED RELATIONSHIP. By Jessie Taft. New York: The Macmillan Company, 1933. 296 p.

Over a period of some twenty years Dr. Taft's work has been quickened by an experimental vigor and by freedom from any static allegiance to accomplished routines. This new volume has the refreshing character of material straight from the laboratory, lively, unvarnished, and honestly incomplete. It consists of the records of two ventures in child therapy. One, described in the paper *An Experiment in a Therapeutically Limited Relationship with a Seven-year old Girl*, which is reprinted from the *Psychoanalytic Review*, was carried on in 1931; the second, discussed under the heading, *Thirty-one Contacts with a Seven-year-old Boy as Preparation for Placement in a Foster Home*, six months later, in 1932. The paper, *The Time Element in Therapy*, which constitutes the first chapter of the book, was written at the close of the second case and presents some of the conclusions the author then formed about the relation of her concepts of therapy to case-work. The last chapter, *On the Forces That Make for Therapy*, supplements the preceding critical comments with an exposition of more general theory. Read according to their original, chronological sequence rather than in their present order, the separate papers give us the opportunity to follow the course of Dr. Taft's thinking from an early point of doubt about the possibility of child therapy through later critical discussions of the cases and of the significance relationship therapy as a distinct entity holds for her.

Both records are remarkable for the simplicity and clarity with which they convey the emotional substance of a series of therapeutic interviews, enabling us to see not only both the patient and the therapist in action, but the interaction between the two. It is the immediate, subtle feeling of the present moment that has meaning for Dr. Taft, and this she grasps, whether it is betrayed in a physical movement, a tone of the voice, or the most trivial of childish questions. Each child emerges from the crystal of an almost formless record as a sensitive individuality, expressed in terms, not of external description, historical narrative, or psychological analysis, but of the swift perceptions of the therapist. With equal candor Dr. Taft reveals herself as a partner to the relationship, indirectly through what she sees and feels in the child, more directly in the expression both of her controlled and her uncontrolled responses to that seeing and feeling. Consequently the reader is admitted into the full

intimacy of the relationship and has an independent chance to discover what the author's "non-moral, non-scientific, non-intellectual" therapy means in the actual living of it with a particular child, how her philosophy "works" in the course of events that will challenge it, and what the changes are to which she attaches therapeutic significance.

Dr. Taft's purpose in publishing these two cases is simply to illustrate her conception of therapy, the use of the immediate, present relationship between patient and therapist, according to the principles of Rankian analysis. She embarked on the first case with some fear that the therapeutic relationship might damage the child as a growing personality. Though this doubt was dispelled and though in both cases, more especially in the second, she believes that the young patient derived benefit from the experience, she raises many questions about the necessity for and value of even this type of therapy for unadjusted children. The records, then, are not intended to establish a brief for the use of relationship therapy with children, but to reveal in two examples of that therapy its actual dynamics.

Relationship therapy, as the author defines it, entertains no external goals of cure and accepts as a fundamental principle, not only the therapist's inability to impose his will upon another, but the patient's right to determine whether or not he shall be helped and the nature and extent of the use he will make of any help the therapist can give. Thus the patient's deeper resistances are recognized as legitimate limitations to therapy, and no effort is made to help the patient overcome them through the discovery and interpretation of their unconscious content. Moreover, therapy is divorced from any concern with the past and its history, and is focused exclusively on the patient as he manifests himself in the present and within the confines of the therapeutic situation. Therapy, conceived in these terms, operates entirely through the dynamics of the patient's relationship to the therapist, a relationship which is so conducted as to give the patient opportunity for freer expression of ambivalent impulses than his ordinary environment would permit. The patient is encouraged to this freer expression through the therapist's willingness to recognize, not only the existence and nature of any negative attitudes, but also the patient's right to them. However, the relationship admits of no abandon to hostilities for it is constantly subject to a number of controls which are set up at the start and maintained throughout. These controls or limitations are imposed in the interest of both external and psychological realities and also function as stimulants to aggressive hate reactions in the patient from which the therapist is at the same time alert to protect his own person and the physical environment. Characteristic, also, is the use of time limits to activate both

positive and negative feelings. In addition, there are various checks, prohibitions, and refusals calculated to prevent the patient from confusing his own desires and impulses with those of the therapist, to help him become aware of these impulses in the very experience of their frustration, and to take responsibility for their existence within himself. A consciousness of conflicting impulses is cultivated, not only through the opportunity to express some of them more fully, but also through the thwarting of others which have previously found satisfaction in reality. Therapy eventuates not in the elimination of fear, hostility, and guilt, which are regarded as inherent forces in the psyche, but in the reduction of those excessive fears which make for the one-sided or extreme expression of conflicting impulses and prevent the individual from accepting and living with his own natural ambivalence.

The child in the first of Dr. Taft's cases appears a most unpromising subject for relationship therapy, since she shows little capacity for any object relationships and is ridden by aggressive, destructive impulses. Her father, whose wife has left him, seeks help from the child-guidance clinic because the girl tears her clothes and refuses to go to school. There is an indication that jealousy of a younger brother, who is at home with the father during the day, is a factor in the situation, and that the father, for all his conscious desperation, admires and enjoys his daughter's reckless defiance of authority and consequences. In this instance the child seizes upon visits to the clinic as another opportunity to set at naught his power to punish her. The therapeutic relationship quickly enters into its first phase of a struggle of wills. The patient seeks at once to test the therapist by efforts to precipitate opposition, by encroachments on forbidden property, and by attempts to gain possession of various objects on her own terms. Since in this situation her unconscious guilt is not finding its customary relief in disapproval, while her aggressive tendencies are increased under the pressure of checks and prohibitions, her anxiety rapidly mounts, and from the fifth to the ninth hours she engages in a series of breath-taking audacities at an open window, animated both by the need to provoke anger and fear in the therapist and by the need to satisfy her own unconscious masochism. The therapeutic responses to these critical challenges are interesting—a carefully controlled indifference; then a denial of responsibility if the patient falls out, the placing of responsibility on the patient herself; and finally the disavowal of any personal concern. Thereafter, in the second phase, the hostility and attempts to dominate and possess occur in milder cycles and are accompanied by evidences of conscious guilt for the clothes tearing, conscious reactions to pain,

positive feelings for the therapist, and some enjoyment of constructive play.

The second case presents the quite different problem of a neurotic seven-year-old boy who is reacting regressively to the indifference of a mother to whom he is deeply attached. She had separated from his father after a stormy marital experience and, taking with her a preferred older son, left this boy with his aunt. After a year and a half the aunt decided that he caused her more trouble and expense than she could bear, and the mother asked that he be placed because she, too, could not care for him. In the temporary foster home, the child's painful longing for his mother, his crushing disappointment at her failure to visit him, and his severe relapse into infantile habits of enuresis, inability to dress himself, and so forth, raised a serious question of the possibility of his being accepted in a permanent home. As a special experiment, relationship therapy was undertaken in preparation for the placement. This child quickly sets up an intimate relationship, readily enters into play, and acts out his phantasies. He tries every charm and stratagem to wring from the therapist assurances of affection. At first, in reaction to refusals, his hostility is masked in teasing, bribes, and threats of withdrawal, but gradually it is more openly expressed in his play and in direct relation to the therapist. As in the first case, anxiety and the craving for punishment become increasingly evident, but in this child find satisfaction in passing illness, each time in connection with gifts obtained from the therapist. Though he continues throughout to alternate between pleas for affectionate response and resentment of denials, his growing acceptance of the fact that he cannot possess the therapist is manifest in a capacity for more confident self-assertion and ardent enjoyment of creative play. Finally, he begins life in a new home in a spirit of unassuming receptivity and takes the termination of therapy without excessive protest or withdrawal.

This second case, even more definitely than the first, illustrates some of the basic differences between Dr. Taft's concepts and practice of therapy and Freudian theory and method. The girl expressed herself in impulsive action, verbalized very little, and showed almost no consciousness either of herself or of other people; therefore the exclusions which the author stresses as essentially characteristic of relationship therapy are less striking in the brief course of contacts with her. In the case of the boy, however, there are noted various disturbances in his reality situation—precipitated by his mother's behavior, the temporary foster parents' indecision about keeping him, the necessity for an approaching transfer to a new home, the placement of a young baby in the temporary home, the removal of the baby—to some of which there is overt evidence of his reacting. How-

ever, in so far as the current reality intrudes into the therapeutic situation, only that part of the child's reactions to it which can be interpreted in terms of the relationship is recognized. Again, the boy's behavior is rich in symbolic content, and his nightmare clearly refers to unconscious conflicts that have also been finding expression in strongly charged phantasy play. All this symbolism is likewise construed in restricted terms of the child's reaction to the therapist and the therapeutic experience. Throughout, therapy is carefully limited to the phenomena that find direct expression in the single relation to the therapist, and even the significance of these phenomena is narrowly determined by the therapist's intuition of their meaning as a reaction to her and not by any attempt to understand them as a deeper reaction to current conflicts and unconscious phantasy.

The differences from Freudian theory and practice are evident not only in these exclusions, but in an earlier focus on the conscious development of the relationship as the sole carrier of therapy. The author lays special stress on one device which is employed to encourage this development—the emphasis on the patient's conflict about the use and limitations of his time with the therapist, a conflict which is regarded as the representative symbol of all fundamental conflict. This philosophical concept is practically utilized to center the patient's feeling in the relationship by stimulating his awareness of his ambivalent reactions to time as a limited quantity. Time thus becomes a concrete focus for the struggle of wills between him and the therapist. So great is the importance of this in the mind of Dr. Taft that she says: "One might fairly define relationship therapy as a process in which the individual finally learns to utilize the allotted hour from beginning to end without undue fear, resistance, resentment, or greediness"; and again, "Here, then, in the simplest of terms is a real criterion for therapy." The case material reveals the skilful use to which time limits are put in bringing out the patient's ambivalent attitudes, but this emphasis on time as a limiting factor, like other distinctive features of relationship therapy, raises many questions about arbitrary restrictions on the depth and extent of psychological treatment.

One of Dr. Taft's most valuable activities is her attempt throughout the book to distinguish frankly between Freudian concepts and method and the Rankian theory and practice that have determined the handling of her two cases. Whether or not the reader agrees with her interpretations and judgments of Freudian aims and techniques, there is reason to be grateful for the effort she makes to avoid those confusions about antagonistic systems of psychology which have been the bane of both clinical and case-work practice. Sometimes, to be sure, it is not clear whether she is referring to psychoanalysis itself

or to the usually blundering attempts that have been made to apply psychoanalytic theory and method to clinical and case-work problems. Moreover, some of her criticisms and rejections of psychoanalysis are pertinent only to its misapplications or reveal the misunderstanding that reading and discussion of its theory, without experience of its reality, are so likely to create or confirm. For example, she classifies psychoanalysis with other "analytical or intellectual" processes and appears not to realize that it essentially involves a profound emotional experience in which the analysis is directed to bringing into consciousness emotion that would otherwise remain repressed. Her objections to history as an evasion or obscuring of the present appear to deny the fact that the repressed past not only imprisons the neurotic and cheats him of the present, but makes his present undecipherable in any but its general, theoretical aspects. In so far as Dr. Taft is attacking the systematic catalogues of external events and rationalized statements that have been called "history," we can only agree with her about their futility; obviously such history has little relevance to that deep inner experience which consists of the individual's peculiar reactions to his own impulses and the conflicts between both of these and the outer world. In her rejection of any therapeutic attempt to overcome resistance as an encroachment upon the individual's right to self-determination, Dr. Taft touches on the fundamental cleavage between Freud and Rank. She is protective of the unconscious as part of the total personality and regards as a violation of the inmost self the psychoanalyst's persistent endeavors to ally himself and the patient against the latter's domination by his unconscious, even though these endeavors are in the interest of the same responsible self-determination which concerns her. This difference constitutes, of course, the irreconcilable gulf between the two therapies, each of which, with equal conviction, recognizes the impossibility of imposing "cure" or dictating the form in which cure will be expressed.

Since Dr. Taft frequently addresses herself to case-workers, it is important to note the connection between her book and some of the problems of moment to case-work. Many of her questionable criticisms of Freud and Freudian applications have a very real bearing on case-work practice, with its tendencies toward reforming and soul-saving, its resort to such formulas as "history-taking," and its evasions of the problems of time and of responsibility for both psychological and concrete functions. She frankly recognizes the realities with which case-work must cope and, far from giving dignity to the quantitative indulgences of intensive case-work, emphasizes the opportunity even the single interview offers if it is properly utilized. Hers is a challenge to conscious choice of function, to the abandonment of

therapy stealthily done under a cloak, and to the real acceptance of therapy by the therapist under whatever conditions it is practiced. However, Dr. Taft's contribution has another, deeper significance for case-workers than this, for it gives actuality to those concepts of relationship which Virginia Robinson first stated, and even if the reader cannot accept relationship therapy in all its rejections, the lucid revelation of relationship as a dynamic in therapy serves a purpose to which Dr. Taft would not deny a basic importance—that of stimulating in the groping clinician and case-worker a deeper and more convinced awareness of the responsibility any therapeutic relationship imposes on the therapist first to know and control himself, since this is the corner stone on which any development of therapy must be built.

GRACE F. MARCUS.

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PSYCHOANALYSIS AND MEDICINE; A STUDY OF THE WISH TO FALL ILL. By Karin Stephen, M.D. New York: The Macmillan Company, 1933. 238 p.

This book is made up of eight chapters which cover the same number of lectures delivered by the author at Cambridge, England, mainly to medical students. As the title implies, the volume stresses throughout the medical aspects of psychoanalysis, and abundant clinical material provides clear illustration.

However, the emphasis on the medical side is only one feature. As a background there is set forth one of the most complete, systematic, and coherent presentations of Freudian psychology that has ever appeared in the literature. Both the special medical and the more general aspects of the subject are extraordinarily well handled. The work is prepared primarily for student beginners and the treatment is, therefore, elementary and contains much repetition. Nevertheless, there are few people, however familiar with psychoanalysis, who would not profit by this exhibition of non-partisan scientific thinking applied to their own field in this comprehensive fashion. The author lives up to Ernest Jones's statement, in his short preface, that Dr. Stephen "has brought to the study of psychoanalysis an exceptionally critical mind which had previously displayed its capacity in a brilliant career in science and philosophy."

For a discipline so revolutionary as psychoanalysis, it is to be expected that the wider audience will contain more than the average proportion of the uncritical. This emotionally toned group is composed of two parts: first, those who are too prejudiced against all things psychoanalytic to be convinced by any of it unless it is presented piecemeal under some other name; and secondly, those who

have so completely accepted the basic theories of Freud that almost anything labeled Freudian is credited without question.

Neither of these groups will be enthusiastic about this book. The former will find no compromise with the original libido theory of Freud, where the basis of psychology is placed squarely in the instinctual life, and the early psychic development worked out in terms of infantile sexuality. The latter may label as tedious the painstaking and conciliatory methods used by the author to organize the empirical data behind psychoanalysis, in order to give intellectual coherence to a body of doctrine which they already take for granted.

It is apparent that Dr. Stephen has another public in mind, made up of the scientifically trained and open-minded seekers after truth. For these she builds up the case of psychoanalysis, explaining its methodology, findings, and theories. She drives home one by one the points that make up what can be claimed to be an established body of knowledge. She is equally free to admit the defects and gaps in psychoanalysis as a complete scientific system. At all times she is aware of the strangeness of this material to the uninitiated and the difficulty of grasping it with the same machinery of thought that they are accustomed to use in approaching the more purely objective sciences. In addition, she is considerate and tolerant of that spontaneous and well-nigh universal resistance to some of the basic data and principles of psychoanalysis. Her attitude in this respect is in favorable contrast to that of some other exponents of the subject who find this spontaneous resistance so infuriating that they lose their supposed insight into its origin and display their own affects in a reaction of exasperation. One may be permitted to surmise that there can be formed in Dr. Stephen's painstaking presentation a reflection of her own experience, which happily has not been forgotten. Perhaps here is outlined the journey of an exceptionally able, critical, and well-trained mind along the road from doubt to conviction in psychoanalysis.

The table of contents outlines the manner of treatment: Chapter I, *Origin of the Unconscious in Disappointment, Conflict, and Repression. The Solution of Conflict by Illness;* Chapter II, *Obstacles in the Way of Investigating the Unconscious. Use of the Psychoanalytic Free-association Technique;* Chapter III, *Primitive Sexual Nature of the Unconscious;* Chapter IV, *Infantile Pleasure-seeking by the Mouth;* Chapter V, *Excretory Pleasure-seeking and Creation;* Chapter VI, *Phallic Pleasure-seeking. The Œdipus Complex and Castration Fears;* Chapter VII, *Anxiety and Guilt;* Chapter VIII, *Defense Mechanisms. Primitive Mental Mechanisms. The Use of the Transference in Treatment.*

It will be noted that emphasis in the first chapters is mainly on

the instinct side of the mental life, and the relation of instinct development and its vicissitudes to the formation of normal character and the symptoms of the neurotic respectively. If the author has gone less thoroughly into the realm of ego-psychology, it is no doubt for the very good reason that she is stressing what was historically the first thoroughly studied subject of psychoanalysis and what is to-day best known and established. A comprehensive grasp of this field is a prerequisite to competence in the so-called structural concepts of the personality and the metapsychology which have been Freud's later contributions.

Dr. Stephen reflects a general modern trend in her efforts to establish a relationship between biology and psychology. Step by step she carries the complex and elaborated instinct functioning at the psychic level backward to its origin in the normal elementary organ activity in the child. In the complex emotional reactions to this organ activity, made up of pleasure, frustration, rage, and anxiety, she finds the elemental stuff of the human personality. Under favorable auspices these are compounded into the normal character structure and, in contrast, when there is defective integration, the basis is formed for neuroses and other mental ills. In addition, so to speak, turning the matter the other way around, she is interested throughout in an attempt to trace the connecting links between disturbed functioning at mental levels and resultant disorders of organic activity.

In the final sentence of Jones's preface to this volume, he states: "It would be hard to think of a better introduction to this complex study than that which her book offers." The reviewer heartily endorses this sentiment in relation to the place Dr. Stephen's book should find in psychoanalytic literature.

MARTIN W. PECK.

Boston.

THE PSYCHOANALYSIS OF CHILDREN. By Melanie Klein. Authorized translation by Alix Strachey. New York: W. W. Norton and Company, 1932. 393 p.

This is the second volume in the modest library on the psychoanalysis of children, the first, Anna Freud's *Technic of Child Analysis*, having appeared in 1927. This alone would make it an important contribution to the literature of psychoanalysis. With interest in child analysis rapidly gaining ground, psychoanalysts have looked forward eagerly to a statement in book form from Mrs. Klein, a pioneer, like Anna Freud, in the practice of child analysis and for many years an analyst of children, first in Germany and later in England.

In this stimulating volume, an unusual amount of varied material is set down with energy and force. The analysis of children has opened wide avenues of possibility in psychoanalytic research, not only by making possible comparisons between the first-hand observations of the dynamics of the child mind and the retrospective infantile material produced from memory by adults, but also, as Melanie Klein points out, by revealing potentialities of therapy at various points in childhood that would obviate or at least mitigate the severity of later neuroses and psychoses.

Interested as many analysts have been in child analysis, few have had the desire to follow it, or else the majority have not trusted their ability to work with children. Indeed a very special ability is needed, and it remained for Anna Freud and Melanie Klein, in their separately evolved techniques, to set down the essential principles of child analysis, now generally followed by the few analysts who do treat children.

The importance of dealing with children in their own terms and in their own language is a fundamental of child analysis. More true understanding of the psychological nature and functions of play in childhood can be gleaned from the first half of this book than from many another whole volume devoted to a study of the phenomenon of play. The analytic approach reveals whether the play is truly imaginative, whether it has an obsessive character, when it is a way of overcoming painful reality, and when it is wish-fulfilling. Thus, in the analysis of children, the play technique is the basis for an understanding of the child's complexes, just as free association in language is the basis of adult analysis. In analyses of early childhood, up to the age of four or five, a variety of toys and other materials, such as trains, dolls, houses, paper, scissors, crayons, and water, is put at the child's disposal; in analyses of the latency period, games and dramatizations are added; in analyses of the adolescent, the method used combines the play technique with that of free association in language, although even in infant analyses, the play technique is expected to develop into language before the analysis is completed.

All these play activities in the analytic hour, according to Melanie Klein's theory, are the symbolic representation of the child's anxieties, inhibitions, sadistic phantasies, and sexual theories. By interpreting the symbolic content of this material in relation to anxiety and guilt, she gains access to the unconscious of the child. It is one of her most strongly emphasized principles that one must not hesitate to interpret the unconscious significance of these activities to the child in his very first hour of analysis, but must drive at once to the deeper layers of his unconscious in order to dispel his anxiety and keep him in analysis. On this moot point there has been some controversy of

opinion among child analysts. One's attitude toward the question of the symbolic significance of all play and the correctness of this technique of interpretation depends, however, on other questions, as, for example, the nature of the child's transference as compared with that of the adult.

The first five chapters of the book are devoted largely to a lively description of Mrs. Klein's play techniques, with many illustrative case histories, interspersed with a good deal of exposition of the psychologic structure of the cases and some metapsychological theory. Eighteen child cases in all are cited, the subjects ranging in age from two and three-quarters to fourteen years of age, and the diagnoses varying all the way from abnormal character development and neurotic difficulties to schizophrenia. One of the most useful chapters for mental-hygienists who are not analysts is the chapter on neurosis in children, which enumerates and discusses the problems and difficulties that indicate analytic treatment—fears and anxieties as revealed in daily eating and sleeping habits, in small details of behavior, in inhibitions of play or obsessional play, in disturbances of the child's epistemophilic instincts, in his method of responding to frustration or affection.

One thing will surely be clear from the elaborate and deep-going discussion in this book: the adjustment of a neurotic child must be effected through working with the conflicting forces within him before he can be adjusted to the external world by environmental changes or by superficial mental help. For reasons that she states, Melanie Klein denies that there is any value at all in influencing the child's parents or environment during analysis. On this point she disagrees with Anna Freud, who believes, for analytic reasons, that it is necessary to effect changes in parental attitudes and home environment along the lines indicated by the child's needs as revealed in the analysis. Melanie Klein points out that with the removal of the child's symptoms, the attitudes of parents and siblings and the home atmosphere generally improve also. But Anna Freud has shown that analysis of children involves a certain amount of cathartic work with parents directly and by proxy, and that where the parent is resistant, the possibility of analyzing the child is often shattered.

Whatever differences exist between these two leaders of child analysis appear to me to be divided into two groups. There are, first, the differences as to the essentials of psychologic theory and the consequent important differences in technique. The nature of the transference situation in the child is an illustration in point. Another important question is the relative strength or weakness of the child's super-ego as compared with that of the adult as well as with his own developing ego. According to Mrs. Klein, it would seem

that the very small child already has a severe and well-formed super-ego, acting in opposition to the ego and thus producing anxiety. Anna Freud holds, however, that even in children quite grown, the super-ego maintains a wavering position, and though surprisingly strong on occasion, is generally characterized by lack of unity and weakness in opposing the ego. This seems the more demonstrable attitude.

Other differences may be regarded as less consequential, and as due in the last analysis to inevitable differences in personality and to contrast in the literary styles of these authors. The remarkable lucidity of Anna Freud's style would seem superficially to simplify the psychologic techniques she describes and the processes she analyzes; whereas the forceful, staccato method by which Melanie Klein piles up quantities of material may tend to produce a confused and involved impression of the actual unfolding of the case, and perhaps to suggest differences in psychologic explanation that do not actually exist. Thus the fine chapter on the case of Erna, an obsessional neurotic of six years of age, or the case of nine-year-old Egon show hardly any differences in technique from the Viennese method. Here, for example, for all Melanie Klein's emphasis on first-hour interpretations, it took weeks of preparatory work to establish a rapport between patient and analyst before any interpretation was possible. But undoubtedly first-hour interpretations are often useful, as Melanie Klein shows, in overcoming hostile and negative attitudes.

In her use of play techniques, Melanie Klein is making a drive for those early anxiety situations the effects of which she explains in great detail in the second part of her book. Here Mrs. Klein deals with her theoretical conclusions about infantile anxiety situations and their significance in the child's ego development, the Œdipus situation and his super-ego, and the different effects these situations have on the girl's and on the boy's psychosexual development. No first reading is sufficient to enable one to follow and grasp the wealth of thought presented in these chapters. Much of it is brilliant, confirming the reader's impression of the author's intuitive grasp of many psychological situations. Much remains to be wondered at and pondered over. The author's main desire is to refer all outbreaks of anxiety in later life to the earliest anxiety arising from the child's earliest danger situations, when he feared injury to the inside of his own body as a punishment for his guilt in having had oral-sadistic phantasies directed toward the inside of the bodies of his mother and father in copulation. Upon the child's successful resolution in projecting this anxiety and guilt on to reality, or introjecting parental good or bad imagos, depend the development of ego characteristics and the nature of the super-ego, as well as the successful femininity

or masculinity of the girl and the boy. This section of the book is in parts the most difficult to follow, but it will repay rereading because of the many illuminating statements made.

Melanie Klein's book is chiefly a book for analysts in a specialized field within the science of psychoanalysis. But for others who are concerned practically with disturbances of childhood, the book will bring the conviction that child psychoanalysis offers the most effective method of uncovering faulty development in childhood and of bringing lasting results in the readjustment of childhood conflicts. It will give psychologic insight into, if not complete understanding of, the child's phantasy life and its effect on his character, and the instinctive basis of the formation of these phantasies. It will show what an important part the child's body and that of his mother and father play in these phantasies, and how they cause him to interpret the behavior of adults quite unrealistically in the light of his own aggressive designs and desires. It will show how analysis, interpreting id and super-ego material, will resolve anxieties and repression and free the ego to pursue true ego interests and provoke useful sublimations.

Following with Melanie Klein the anfractuosities of these forces within the depths of the child's soul to their ultimate fate in character formation is a fascinating, though sometimes dark, adventure. But it makes the book a voyage of exploration that is crowded with value.

Besides a careful index, the book contains a list of all the papers referred to in the notes, a preface of acknowledgments, and an introduction that gives a brief summary of the history of child analysis.

MARIE H. BRIEHL.

New York City.

CHRONIC ILLNESS IN NEW YORK CITY. By Mary C. Jarrett. (Welfare Council of New York, Research Bureau Studies No. 5.) New York: Columbia University Press, 1933. 2 Vols., 258 p. and 287 p.

This two-volume study presents in detail the situation of the dependent chronically ill in New York City, but it is far from being of merely local interest, for an examination of this one specimen minutely under the microscope will enable any one interested in public-health administration or medicine to extract principles that are universally applicable.

The central themes of the first volume are the widening of community perspective and the construction of the framework for a city program "for the prevention of unnecessary disability and for the care of those incapacitated through chronic illness." The author

recognizes the vagueness of the border line between chronic and acute disease and the artificiality of the definition of the two, yet sets forth in a clear way the large distinctions between the modes of the two groups and the pronounced differences in their needs. The inadequacy of service that results from failure to recognize these differences and to deal with them is clarified through survey and description, in which the magnitude of the problem and what is being done about it are presented in detail. The handling of chronic cases by services set up for acute problems is shown to be not only extravagant, but inadequate. The survey professedly omits for the most part consideration of frank mental diseases, since these are largely not handled locally and the responsibility of the community with regard to them is fairly well recognized. However, the details of the presentation reveal that even in this field there are large stretches still to be covered. Public responsibility for the drug addict, while recognized, is exhibited only in very archaic form. The survey itself revealed many undiagnosed mental cases, and at that the technique employed could bring to light only the grosser of these disorders. Nearly one-tenth of the patients surveyed were reported as in some way mentally abnormal. Many of these were, of course, cases of senility.

Miss Jarrett looks at chronic disease with a background of interest in humans as total organisms; it is, therefore, not surprising that interest in the whole individual constantly gleams through the pages of her report. It is refreshing to find chronic illness considered as an influence on "hopes, desires, and ambitions," a point of view in need of much more than passing comment as a truism. The psychic component of illness is recognized not only as inescapable and coterminous with the disease, but, particularly in the case of children, as an element of major importance, calling for satisfactory therapy and eventual maximal rehabilitation. This is significant since, "contrary to customary belief that chronic disease is mainly a problem of the later years of life . . . nearly one-third were children under sixteen years of age." Among the cripples, special effort must be made to guard the child against the ill effects of his consciousness of being different from others and to provide him with vocational guidance that will help fit him for competition and recreational guidance that will help him escape the dangers of being different. Organized mental-hygiene services for the crippled were found to be very rare, as was also adequate social service. An outstanding effort along this line at the St. Charles Hospital in Brooklyn has been so curtailed as to be practically discontinued.

The narrowness of medical education, with its almost deliberate neglect of psychiatry, is recognized as a factor of major culpability

in the physician's short-sighted attitude toward the chronically ill. The best time to develop his interest in this total aspect of the patient is before the fourth year of medical school, during which definite case handling takes place. After that point, only years of often devastating error and trying experience seem to be able to develop in him an appreciation of the humanity of his patients. "The field of public health (faced as it is with inescapable evidences of the gross effects of social determinants) has been rapidly broadening until it now takes into account all the personal and environmental forces that are continually interacting with the individual to produce or destroy his vitality." It is a logical outgrowth of this point of view that Miss Jarrett should consider it essential to a community program for the reduction of chronic illness to "provide for the integration of mental-hygiene services with medical services in the study and treatment of chronic diseases" and for "preventive social work directed toward improving living conditions."

GEORGE S. STEVENSON.
The National Committee for Mental Hygiene.

BRITISH SOCIAL SERVICES: THE NATION'S APPEAL TO THE HOUSEWIFE AND HER RESPONSE. By J. C. Pringle, with a Foreword by Sir Charles Mallet. New York: Longmans, Green, and Company, 1933. 175 p.

This book, dedicated to Professor Gösta Bagge of Stockholm, was written to answer his challenge presented in a paper at the Second International Conference of Social Work, at Frankfurt-am-Main, in July, 1932, in which he said: "What we need, therefore, is a characteristic criticism based on popular psychology. . . . Constructive criticism of this kind, and a social policy inspired thereby, can alone save modern society from the dangers which threaten its existence as a result of the decline in the feeling of personal responsibility and the extension of public relief. Complete reorganization and reform of present social policy can alone avert impending disaster." In this volume, the author, who is secretary of the London Charity Organization, presents a lively critique of the immense schemes of public assistance, social service, and social insurance developed in England since the war, from the standpoint of their relation to and effects on the psychology of the workingman, the housewife, and the relationships within the family. The book, as indicated in the Foreword by Sir Charles Mallet, is "packed full of practical and first-hand knowledge, based on a continuous and sympathetic observation of the daily lives of working people," and is a study, "both fearless and vivacious, of the most human of economic problems, on the right handling of which our hopes of individual and national prosperity

depend." Sir Mallet further states that "to understand fully what is here set out, the meaning of the household—'the essential economic unit'—and the relations of its members to each other, to realize the immense importance which in most working households attaches to the character and methods of the mother and wife, to appreciate the powerful and alarming reactions which ignorance or miscalculation of these human forces may have upon expenditure and savings, rates, wages, and taxation, might well be the first lessons to be learned by any statesman who sets out on the path of social reform."

The purpose of the book, in the words of the author, is "to present to the reader the less known reactions of some of the British people to the British social services; to explain in part, thereby, the difficulties brought upon the country by its generous program of social services; and to suggest a general modification of attitude which gives promise of an escape from some of its difficulties." It was written because he believes that the "people have their own ways of meeting their troubles," that "the costliness and relative failure of the social services built up since 1906 result from ignoring their habits and customs, and imposing a 'paper' scheme from above," and that the social services must be rebuilt "*with* the housewives of the nation and not in despite of them."

He believes that many schemes of social reform are worked out by theorists and politicians with ulterior motives, such as the desire to discredit, defeat, and displace other political parties, to obstruct and delay administration in order to show that the party in power is incompetent, to outdo the other party in appeal for votes by providing even greater expenditures for "social services," to arouse and play upon the grievances, resentments, expectations, and demands of the workingman, and finally to utilize the huge expenditures of cash provided for various forms of relief and insurance as a means of gaining electoral support. The "paper schemes" developed in this atmosphere are based on "statistical averages," on the "fallacy of the big unit" or impersonal, mechanical state programs remote from the life of the individual or family, the "fallacy of general conceptions," and the "fallacy of applying arithmetic to human affairs and forgetting the reactions of individuals." The psychology, the customs, the preferences, and the actual conventions and arrangements of the people are thus ignored. "The deceptive impression of unlimited resources given by the Big Unit" leads to the development of a parasitic bureaucracy bent on elaboration of functions, on lavish increase of appropriations and expenditures, and on protecting its own vested interests.

The author proceeds to trace the processes of taxation by which the public social services are supported, and shows that all those able to

pay taxes are either able to limit desires and hence refrain from paying taxes, or are able to pass these taxes on to the public. He concludes that the greatest burden of taxation ultimately falls upon the least successful, the weakest, and the poorest of the population through increases in the costs of rent, of food, and of clothing. The final desperate pressure of the whole scheme falls upon the housewife of the working man. "Only the house-mothers of the poor have an irrefutable claim to social service: yet only the house-mothers of the poor must pay to the uttermost farthing, if the cost of those services is to be defrayed from public funds." Recent revelations in this country abundantly prove that the wealthy, the financial barons, and the industrial leaders best able to pay taxes are adepts in the evasion of this duty.

The solution that the author presents is to reduce to the smallest proportions the permanent liability of the community through the direct commitments of the elected local authority in pensionable staff and bricks and mortar, and to provide so far as possible for the continuance of existing social services by turning these over to voluntary societies, trusts, and foundations supported by private gifts and contributions.

The author describes the psychological reactions of the housewife to governmental social services, such as housing, social insurance, the Poor Law, national health insurance, compulsory education, employment bureaus, and institutions for the care and treatment of special groups in the population. "Notwithstanding subsidies of many millions of pounds, the local authorities have for the most part only succeeded in providing houses at rents beyond the purses of our housewives, while, by restricting the number of occupants per acre, they have made the solution of the transport problem impossible." Social insurance has been perverted by "politicians who fathered the scheme in pursuit of their own interest" from a "cautious insurance scheme into a reckless, demoralizing, and ruinous system of outdoor relief," which has stultified personal initiative and responsibility and has led to the widespread expectation of relief from state funds in any difficulty. "The more the community in its collective capacity displays its readiness to take over part of the weekly bills of the citizen, the more of those bills will he transfer to it." The health-insurance scheme has "been driving the weaker brethren wholesale into a miserable blend of hypochondria and malingering," while it has also demoralized the administrating doctors, who are dependent for support on retaining their patients, into a form of collusion with them. The development of a multiplicity of uncoördinated social services, which focus attention and service upon separate *aspects* of a person's troubles and

relieving or preventing them as *aspects*, has led to the wildest kind of administrative confusion, conflict, duplication, dissociation, and waste, besides developing multitudes of "administratively created pests" who take full advantage of the situation for the purpose of evading responsibility and effort and of insuring adequate and permanent support at public expense.

The author emphasizes the tremendous need for the case-work approach to the solution of personal and family problems, in contradistinction to the mass approach, as follows: "The psychiatric social worker stands aghast before the gigantic structures of the public social services. They look like nothing so much as beetling crags upon which are battered into wreckage the frail little barks of individual lives and family circles. These crags are the serried ranks of the official hierarchies, tens of thousands of highly organized public servants, with the enormous and inexorable bill for their pay, emoluments, and pensions legally enforcible to the last penny, and to be met month by month, however scanty the assets in the pockets of the people wherewith to meet it; the vast mountains of bricks, mortar, girders, and reinforced concrete, the hundreds of thousands of beds in the public institutions, constituting a financial liability of a magnitude at which imagination boggles, but valid against the toil and sweat of generations yet unborn.

"Whether it be the element of legal compulsion, or the frightful financial burden hung like a millstone round the people's necks; whether it be the segregation, in official coteries, away from the give-and-take of the general life of the community, of great numbers of the flower of each generation; whether it be the violence and vulgarity of party politics, inevitably permeating all that the public attempts to do—the whole fabric of the public social services is a nightmare to the psychiatric social case-worker, who bears in her eager devoted hands the torch of civilization to-day. By the time the British artillery were sending over more than a million shells a day on the western front, the British soul was sated with big units, big plants, big-scale operations, compulsion, intimidation, and force. The young soul of to-day is in love with little things; tender, patient, gentle, understanding, but above all—little things; and of all the humble, little, unpretentious things the symbol and spokesman is the housewife in her little kitchen with baby's cot on the far side of the fire."

The most careful consideration of the points of view and the experience contained in this book is of the utmost importance to all those in this country who are interested in large schemes of social reform and in the expansion of governmental departments and programs for the relief of the various needs of citizens. This country is just now embarking on the road that the British have followed for almost two

decades and we have the opportunity of benefiting from their mistakes and their experience. The reviewer, however, does not agree with the author that the work of private, voluntary agencies is free from all the defects of those under public support and administration. On the contrary, these services are permeated with the same abuses. The solution demands the development of increased numbers of personalities with far greater social intelligence, social sympathy, and social responsibility, and capable of disinterested service. Almost any scheme works when it is administered by this type of individual and when it is based on a thorough knowledge of the concrete problems and psychologies involved.

CLARA BASSETT.

The National Committee for Mental Hygiene.

CASE STUDIES IN THE PSYCHOPATHOLOGY OF CRIME. By Ben Karpman, M.D. Washington, D. C.: Mimeograph Press, Howard University, 1933. 1026 p.

As a psychiatrist at St. Elizabeths Hospital, Dr. Karpman has been interested during the past ten years in the preparation of such extensive life histories as are here presented in completion. The ultimate purpose of this work is a further study of the rôle played in such cases by psychogenic factors. The great mass of detail relating both to sociological and to behavioristic data gains added significance in proportion as this plan for future psychiatric interpretation is held in mind. The unprecedented length to which Dr. Karpman and his associates have carried the case history demonstrates very specially the varied and dioramic values that may be developed therefrom. As the present volume amply shows, not only have these values many connotations for mental hygiene, psychiatry, criminology, and particular social sciences, but such methods of research and organization bring about a welding of differences as well as correspondences which cannot fail, if followed up in other investigations, to be the source of much pragmatic advance in our understanding of the individual's relation to society. This book deals with a certain congeries of aspects of that relationship which, in addition to its immediate significances and complications, forces society to look with better understanding at the individual's part in that mutual exchange. It is in line with that research and accumulation of knowledge through which the members of society are enlightened as to the autonomy they hold in relation to its mores and continuance, and as to the impossibility of advancing any dynamic understanding of the one unless the forms and movements of the other are taken into account.

The book consists of five case histories, the material of which came

from the Department for Criminal Insane (Howard Hall), at St. Elizabeths Hospital. With regard to the selection of data, Dr. Karpman notes in the preface: "It might be said that since the criminal insane represent a particular group, such lessons as may be learned from them cannot apply to the so-called normal criminals. However, one of the fundamental lessons taught us by psychogenetics is that the abnormal psychic reactions are to a large extent but quantitative exaggerations of the normal, and the mechanisms operating in one may be found in the other."

The thoroughness and expert development of detail, which through Dr. Karpman's manipulation makes constantly for completer representation of the subject, would seem at times to carry the case history almost beyond descriptive levels, so closely blended in each instance are the factors of physiological and psychological test results, the reconstruction of social and parental background, the patient's main narrative, and the arrangement of anamneses, personal letters, and observations over all available periods by other physicians and fellow inmates. There is additional space for separate official records which contain, besides biographic material obtained from the patient at his admission, all records of previous psychiatric and conference examination; for whatever follow-up information it has been possible to gather after discharge or transference; and for an epitome which sums up the main points of the case.

The preface offers several intriguing pages in which Dr. Karpman records the nature and extent of the initial difficulties of the study and the subsequent progress in formulating techniques to overcome them. Psychoanalytic therapy being possible in only a few instances, each subject was asked to provide a biographical account on which questionnaires were drawn for further material. Succeeding questionnaires were drawn up to describe the factors peculiar to each case. Thus the characteristics of each case decided the form and course of approach, each molding for its own needs a special method. In answer to doubts as to the veracity of some of the reports, Dr. Karpman takes the position that any idea or affect sufficiently powerful to cause emotional and behavior disorder must be viewed as fact. As the comment on each case shows, it is through detailed attention to such ideas that insight may be gained into the very real aftermath that inevitably followed; and it is the present method first to record this vast behavioristic panorama and then to work therefrom to an exposition of the psychogenic situations which the behavior symbolizes.

SMITH ELY JELLIFFE.

New York City.

CRIME, CRIMINALS, AND CRIMINAL JUSTICE. By Nathaniel F. Cantor. New York: Henry Holt and Company, 1932. 470 p.

Professor Cantor has done more than give us "just another book" on criminology; he presents here for the reader, whether lay or professional, a wealth of material dealing with the various phases of the problem of crime. He approaches the problem as a sociologist, fully aware of the shortcomings of the present system of criminal justice, and alert to the possible contributions of modern science, but at the same time cognizant of the practical difficulties in mending matters, and ready to criticize our so-called "knowledge" when criticism is due.

Section I is entitled *Perspective*, and includes chapters on law and the social sciences, the nature of crime, and the search for causes. He sums up his criticism of our knowledge of causation in the statement: "It may be critically maintained that not one single generalization has been formulated on the basis of fact in terms of which the tendency to commit certain crimes can be predicted or the conditions generating them controlled."

Part II, which is entitled *The Making of the Criminal Mind*, deals with factors in crime careers and criminal intelligence. He surveys the literature on the latter subject, demonstrating the rather tenuous basis for some of the prevailing beliefs, and indicates the need for further study, both of criminal and non-criminal groups, before any general statements on the psychopathology of crime are formulated.

The section on the administration of criminal justice deals with the police and courts. The numerous defects in the present process are indicated, as well as the reasons why improvement is bound to be slow. Several pages are devoted to a consideration of psychiatry and the courts, with special mention of the well-known "Briggs Law" of Massachusetts.

In the course of about 150 pages the author gives an excellent résumé of the history, evolution, and present status of penology—*i.e.*, the handling of the convicted criminal. The essential need of psychiatric classification and of individualization is clearly indicated. "The alternatives in our treatment of criminals are few and clear. They must be permanently segregated, which is unlikely to happen, for most offenders, or they must be discharged at the termination of their sentences, as they are, to continue a career of crime. The remaining alternative is to *attempt* their character reformation through changing the spirit and programs of the reformatories and prisons. Whether these newer methods will change criminal habits remains to be seen. No one knows. The possibility makes the effort worth while. They are unlikely to increase the existing evils and promise to remove some of the abuses." (p. 397).

Finally, under the heading *Techniques,* Cantor points out the unreliability of much of our data, notably statistics of crime, and in a chapter entitled *Root Problems,* indicates some of the possibilities of improvement.

The volume is written in a highly readable style, and is amply supplied with footnote references to the literature. The author has dealt with a perennially interesting subject in an instructive and stimulating manner, and deserves the gratitude of all who desire knowledge on a subject that *should* be of interest to all citizens.

WINFRED OVERHOLSER.

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PROBATION AND CRIMINAL JUSTICE. Edited by Sheldon Glueck. New York: The Macmillan Company, 1933. 344 p.

Professor Glueck has assembled here an undeniably notable collection of essays by outstanding commentators, elucidating the general and special implications of that very important social instrument—probation. Done as thoroughly and as completely as it has been and by contributors so well qualified in training and experience, the work may well be deemed the last word on the present status and possibilities of probational procedure. Also, as an authoritative and significant evaluation of a vital element in the social process, it fulfills admirably its avowed purpose—that of serving as an expression of honor to the truly great contribution made in this field by Herbert C. Parsons, long head of the Massachusetts Board of Probation.

The material is organized into five parts. The first deals with basic formulations and legal background (S. Glueck, Warner); the second with organization and administration (Cooley, Fagan); the third with the factors that enter into the granting of probation (Sellin, Ulman); and the fourth with probational practice as an art (Ferris, Weiss, B. Glueck). To those who are concerned with mental hygiene, Glueck's chapter, on the implications for probation of analytic psychiatry, should be especially interesting and is particularly recommended. The fifth and final section includes an historical survey (Chute), an excellent statement as to the situation respecting the federal system (Bates), and illuminating reports relative to conditions and developments in England, France, Belgium, and Germany (Hall, Rollet, Cornil, and Hentig).

Special comment, the reviewer feels, should be made of the emphasis laid throughout on the prime importance of the quality of the working personnel, the living element in the probational program and the absolute *sine qua non* to its full realization. Likewise significant is the stressing of probation's still essentially formative and experimental position. Very important, too, to the reviewer, seems

the clearly established principle that no one particulate formula—probation not excepted—can represent the complete criminological solution. Further, in the total formula of attack, even the individual remedy such as probation, to be effective, must adequately integrate within itself the pertinent approaches and techniques of correlated interests and disciplines.

THEOPHILE RAPHAEL.

University of Michigan.

THE RELIGIOUS SITUATION. By Paul Tillich. Translated by H. Richard Niebuhr. New York: Henry Holt and Company, 1932. 182 p.

In this searching criticism of the modern temper—for the author gives wide content to the word "religious"—a philosophy is defined, at least partially, that should do much to resolve the restlessness and discontent so apparent in the Western world. The book has much significance for mental-hygienists because of this philosophical background, which, one is led to believe as one reads, is essential to a successful psychological therapy.

Tillich's thesis is especially concerned with man's attitude toward *time:* how are the present and the future and the relationship between them regarded? Three positions are possible: one may live in the past or in dreams of the future, in either case allowing one's self no chance to see value or significance in the present moment; or one may live wholly in the present, dropping the past as over, quite superseded by the importance of modern ways, and viewing the future wholly in the light of immediate needs and interpretations—"self-sufficient finitude" is the phrase by which the author characterizes this attitude so characteristic of our times. A third position, however, is possible and this is the one Tillich feels must be gained if capitalist society is to be altered into a form more fit for the development of the individual, more adequate as a background for the freely and completely functioning human spirit.

The translator's introduction, by H. Richard Niebuhr, really constitutes a review of the book, so clearly does it set forth and interpret to the American reader the aim of this German writer. There is need for an interpretation that is more than linguistic, for the author elucidates his position by means of illustrations from German art, politics, and organized religion that are sometimes unfamiliar, sometimes obscure, and sometimes not at all applicable to conditions in this country. But the main thesis is universal in its application, and Niebuhr holds us to that, quoting from other writings of the author which illuminate his main ideas.

This central thought, so important to all who are seeking formulæ

for mental therapy, is expressed in another phrase—"belief-ful realism"—and characterizes the third position with regard to time, the one that Tillich feels must be exemplified by any movement in religion or government that is to endure. To analyze this phrase, it is opposed to *idealism*, which has been tried and found wanting and which characterizes the religion, indeed most of the philosophy, of a capitalist society as most easily reconciled with the spiritual shortcomings of such a society. Because it is "belief-ful," it is opposed to a *realism* that is mechanistic and materialistic. It regards the present as linked to eternity, important because it is so related, a part of the universal.

In his preface, the author says: "A book on the religious situation must deal with the whole contemporary world, for there is nothing that is not in some way the expression of the religious situation," (p. xxiii). And, again, "A responsible and creative criticism of one's own time is possible only on the basis of a real position and not by means either of a specious objectivity or an arbitrary subjectivity" (p. xxv). Then, in his introduction, he defines the "present" and "religion" in thought-provoking ways: If the present is defined only in relation to the past, we are too apt to be caught in specious objectivity. If it is a tension toward the future, if "one is enabled to speak of that which is most vital in the present . . . only in so far as one immerses oneself in the creative process which brings the future forth out of the past," then one is in danger of arbitrary subjectivity. That the present is eternity is "alone the real and final reply to our question" as to the nature of time. "For surely it would not be worth while to speak at all of the fact that all sorts of things, ideas or feelings, or deeds or works, move out of the past into the future across the mysterious boundary line of the present if all this were nothing but a moving, a flowing, a becoming and decaying without ultimate meaning or final importance. All of this is really important if it has an unconditioned meaning, an unconditioned depth, an unconditioned reality. That it possesses this unconditioned meaning cannot be made a matter of proof or disproof, but only of faith in the unconditioned meaning of life . . . to live spiritually is to live in the presence of meaning. . . . Only because the present is eternity does it possess a significance which makes its study worth while." (p. 7.) This brings us to the definition of "religion"—that it "deals with a relation of man to the eternal." When we talk of religion as if it were "religious affairs," we are giving "attention to just those things with which religion itself is not concerned, to the stream of events hastening out of the past into the future, while the real meaning and content of that stream, the eternal to which all things refer, is neglected." (p. 8.) Time cannot

be self-sufficient, although it is the great error of capitalist society so to consider it. "Because it is time, there is something within it which drives it beyond itself at every moment, not toward the future, which would be only a new time with the same impossibility of being self-sufficient, but toward something which is no longer time." (p. 10.)

But what is the importance of such philosophical phrases to a pragmatic mental hygiene? Just this, that going over past deeds and ideas with the purpose of catharsis, of cleansing the mind of destructive thoughts and feelings, is of no avail so far as peace and growth are concerned if the therapist constantly directs "the attention of the patient to himself and his temporal existence. Thus the soul's center of gravity may be transferred from the center—from the point of personal responsibility in the presence of the Unconditioned—to the impersonal, unconscious, purely natural sphere. This is the source of the frequently destructive effects of psychoanalysis and the indication that in this instance also the self-sufficient finitude of the psychic has not been actually broken through. Only a priestly man can be a complete psychiatrist. For with him the relation to the patient and the inner activities of the patient have been lifted out of the realm of the subjectivity of the finite into the inclusive life of the eternal." (p. 107.)

It is difficult to put into more usual phrases, whether psychological or those of the man in the street, the words of the preceding paragraph. Just what does Tillich mean by the "Unconditioned" and by "breaking through the self-sufficient finitude of the psychic"? It is connected, of course, with his definition of religion as man's relation to the eternal and his implication that any adjustment, to be deep and enduring, must result in this broader concept of time which he describes and in an attitude toward the finite world that is realistic, yet is filled with belief in man's place in the infinite. In other words, to be truly "adjusted" one must be deeply religious, not necessarily concerned with "religious affairs," but moved by conscious relationship to that which is beyond and greater than this world of space and time. And the therapist must be himself so moved and influenced in order that he may not be arbitrarily subjective or speciously objective in his interpretations, but able to lift the patient with himself out of the finite realm into the inclusive life of the eternal.

There are only three brief references in the pages of this arousing book to psychology and psychotherapy as such. One, in the division on science, speaks of the great importance of the discovery of psychoanalysis and its recognition of the "fundamental importance of the erotic sphere for all aspects of the psychical life" (p. 32). Another,

in the same division, asserts the independence of the mind from the "psychical processes in which it actualizes itself" (p. 40), and seems to apply the concept of *Gestalt*—which is mentioned earlier in connection with biology and physical science (p. 29)—to the body-mind relationship. A third, from which quotation has been made, appears in the division dealing with ethics and discusses the difference between the confessional in religion and in psychoanalysis. The whole book, however, abounds in ideas of profound psychological import and seems to the reviewer to establish criteria against which the success of the psychoanalytical therapy, or, more broadly, of any relation therapy, may be measured.

ELEANOR HOPE JOHNSON.
Hartford School of Religious Education.

A STANDARD CLASSIFIED NOMENCLATURE OF DISEASE. Compiled by the National Conference on Nomenclature of Disease, and edited by H. B. Logie, M.D. New York: The Commonwealth Fund, 1933. 724 p.

With a view to the preparation of a more scientific and complete classification of diseases, a group of physicians connected with the New York Academy of Medicine and backed by the Commonwealth Fund started, in 1928, an organization that became known as the National Conference on Nomenclature of Disease. It had long been recognized that the classification of disease was not on a satisfactory basis. An international list of diseases had existed, it is true, since 1855 and had undergone several modifications, but no one claimed that the list constituted an adequate or truly scientific classification of disease. It had not been prepared in accordance with fundamental principles of classification and had not kept pace with the progress of medicine in the several specialties. Various other classifications of disease had been devised and used to a greater or less extent, but none of these had gained general approval.

The membership of the National Conference on Nomenclature of Disease consisted of twenty-seven medical and administrative organizations, such as the American Dermatological Association, the American Gynecological Society, the American Heart Association, the American Hospital Association, the American Orthopedic Association, the American Psychiatric Association, the American Medical Association, the American Statistical Association, the American Surgical Association, the United States Army, the United States Bureau of the Census, the United States Veterans Administration, and so forth. Each organization was permitted to send one or more delegates to the meetings of the conference, of which Dr. Haven Emerson was made president; Dr. George Baehr, secretary; and Dr.

H. B. Logie, executive secretary. The formulation of the new classification is largely the work of Dr. Logie. He has, of course, been assisted by representatives of all the principal medical specialties.

At the outset it was decided that two bases of classification should be used—namely, the organ affected, or the site of the disease, and the etiology or cause of the disease. Each specific disease was to carry a code number that would clearly indicate both factors to one familiar with the system. To secure this result, it was necessary to establish primary, secondary, and tertiary categories of body organs and primary, secondary, and tertiary categories of causes. As a decimal system of code numbers was to be used, the general categories of organs were limited to ten. Likewise, ten principal divisions were made of the general causes of disease.

A code number, accordingly, consists of two divisions, each of three digits, the two divisions being separated by a dash. For example, tuberculosis of the lung would be designated by the code number 360–123, the first number, 360, indicating the site of the disease, and the second number, 123, the cause. The digit 3 in the first number represents the respiratory system; the digit 6, the lung; and the digit 0 indicates that the organ as a whole is affected. In the second number of the code, the digit 1 indicates that the disease is due to infection, and the digits 2 and 3 that the germ causing the disease is the bacillus tuberculosis. In like manner syphilis of the lung would be designated by the code number 360–147, the second number, 147, representing syphilis, wherever used.

As the system of classification has been developed with remarkable understanding and skill, the finished work marks a new epoch in the scientific classification of disease.

Through the coöperation of representatives of the American Psychiatric Association and the New York State Department of Mental Hygiene, the present classification of mental diseases and that of convulsive disorders were incorporated into the general nomenclature in satisfactory manner. Through the aid of representatives of the American Association for the Study of the Feebleminded, a new classification of mental deficiencies was also made available.

The new nomenclature should prove of great service in the advancement of medical science and in the statistical reporting of morbidity and mortality.

HORATIO M. POLLOCK.

New York State Department of Mental Hygiene.

AMERICAN AND CANADIAN HOSPITALS: A REFERENCE BOOK GIVING HISTORICAL, STATISTICAL, AND OTHER INFORMATION ON THE HOSPITALS AND ALLIED INSTITUTIONS OF THE UNITED STATES AND POSSESSIONS, AND THE DOMINION OF CANADA. Edited by James Clark Fifield, with the coöperation of the American Hospital Association. Minneapolis: Midwest Publishers Company, 1933. 1560 p.

This book contains historical accounts of all the national organizations in the hospital field. These include the American Hospital Association, the Council on Medical Education and Hospitals of the American Medical Association, the Department of Hospital Service of the Canadian Medical Association, the Canadian Hospital Council, the American College of Surgeons, The Catholic Hospital Association of the United States and Canada, the American Protestant Hospital Association, the American Nurses' Association, the Canadian Nurses' Association, The National League of Nursing Education, the American Association of Hospital Social Workers, the American Sanatorium Association, the Association of Record Librarians of North America, and the American Occupational-Therapy Association.

There follows in geographical order, by states and cities, a sketch of virtually every reputable hospital in the United States and possessions and the Dominion of Canada. Each sketch includes historical information concerning the institution, its character, rates, staff, equipment, fiscal data, average attendance, and so forth.

An appendix contains histories of all religious orders in the hospital field, information concerning important endowments and funds devoted to health progress, the National Tuberculosis Association, the American Public Health Association, The National Committee for Mental Hygiene, the American Psychiatric Association, the Central Neuropsychiatric Hospital Association, and schools of social work that offer courses in medical social work. Interesting biographical sketches of Dorothea Dix and Florence Nightingale are also included.

The book will be of inestimable value to all who are interested in the hospital field.

ETHEL WIGMORE.

National Health Library.

A BIBLIOGRAPHY ON FAMILY RELATIONSHIPS. By Flora M. Thurston. New York: The National Council on Parent Education, 1932. 273 p.

The purpose of this volume is to bring together under one cover an annotated bibliography of the best material available for the use of students and professional workers dealing with family problems. Selections have been made chiefly, but not exclusively, from books,

pamphlets, articles, and studies appearing from January, 1928, to May, 1932. Acknowledgment is made to the Committee on the Family and Parent Education of the White House Conference on Child Health and Protection for many of the titles included. These titles formed the nucleus from which the present volume has been developed.

A background bibliography dealing with aspects of the general problem of family relationships precedes the main bibliography, Part III. This main section is arranged under the following headings: *Family Backgrounds; Social Changes Affecting Family Life; Marriage and Sex; Education of Youth for Home and Family Life; Parent Education; Family Problems Involving Social Guidance;* and *Functions of the Family.* Part IV is a selected bibliography of fiction, presenting novels of family life. Part V lists books and articles on research methods and Part VI lists rating scales. Author and title indexes are also included.

The volume contains a wealth of material that will be most helpful to all those interested in the social problems of the family, whether they be students, social workers, parents, parent-education workers, or social-hygiene workers. It will be a valuable addition to the reference shelves of college libraries and public libraries.

ETHEL WIGMORE.

National Health Library.

RESPONSIBILITY: ITS DEVELOPMENT THROUGH PUNISHMENT AND REWARD. By Lawrence Sears. New York: Columbia University Press, 1932. 192 p.

This book has been divided by the author into three sections. The first deals with the close relationship that exists between ethics and psychology in the problem of responsibility. The second is composed of a group of twelve case histories of problem children, whose difficulties were largely solved by increasing their responsibilities in various ways. The concluding section correlates the first two, showing wherein the psychological and ethical theories worked out and wherein they failed in the quoted case reports.

The ethical theories specifically mentioned are those of the utilitarians, as sponsored first by Jeremy Bentham. Bentham advanced the theory that happiness is the ultimate aim of all mankind and that society develops it by offering it as a reward to those individuals who can accept responsibility and by depriving through punishment those incapable of accepting responsibility. This theory was further modified by Alexander Bain, who added that—contrary to Bentham's idea that pleasure and desire to avoid pain were the facts that kept men active—life is basically active. Such activity needs early direction,

and such direction should be in the form of child education. The evolutionist Westermarck, and the idealists T. H. Green and F. H. Bradley, are also quoted. Section I ends with certain of John Dewey's views on moral judgments, with his conclusion that holding people responsible makes them responsible, a view rather akin to that of the early utilitarians.

In writing of problem children, those were selected whose difficulties, although varied, were due largely to faulty handling on the part of others. Moreover, the majority of the youngsters were helped by being given increased responsibility in numerous fields.

The conclusions reached by the author, as he himself states in the preface, "are necessarily tentative." A sense of responsibility is much less often developed by punishment, which is very seldom constructive, than by praise, thoughtfully given, "well-regulated rewards," and "disciplined affection." Adjustments in the home environment play a most important rôle in rousing the youngster to realize his responsibilities, and in this respect it is impossible to separate moral and environmental control. Finally the author concludes, from the case-study results and in agreement with Dr. Dewey, that often holding a person responsible helps him rise to the responsibility.

DOROTHY S. BURDICK.

Bloomingdale Hospital.

SET THE CHILDREN FREE. By Fritz Wittels. Translated by Eden and Cedar Paul. New York: W. W. Norton and Company, 1933. p. 242.

The author has set himself a difficult task—to present in simple language a clear, yet accurate picture of the psychology of the child and its development, and to indicate how educationists would benefit by applying the data gained by psychoanalysis. He is to be congratulated on the success of his attempt.

The chapter headings indicate how thoroughly he has covered his subject. Chapter I deals with the impulses of the child; Chapter II, with thought among primitives and lying in children; Chapter III, with the child's ego, discussing auto-erotism, narcissism, the super-ego, and the pleasure and reality principles; Chapter IV, with doubt, discussing the effects of doubts, fears, shames, and discouragements. Chapter V, *The Inquiring Mind,* takes up the relation of doubt to curiosity, of curiosity to cruelty and the basis of curiosity—namely, desire for sexual information. Chapter VI is entitled *Wrongdoing and Punishment.* Chapter VII, *Children and Their Parents,* considers the Œdipus situation, and Chapter VIII, *Parents and Their Children,* the ambivalence and narcissism of parental love. Chapter IX, *The*

Nursery and the Career, deals with ordinal position in the family and with sibling rivalry. Chapter X discusses self-defense in children, including self-assertiveness, imagination, play, fairy tales, religion; Chapter XI, step-children; Chapter XII, divorced parents, illegitimate children, and orphans; and Chapter XIII, *The Old School and the New,* the relation between educational methods and psychoanalytic knowledge. The subheadings serve as an excellent index, while the style of the text is clear and readable.

There is no question as to the merit of the book, but as always in the case of books of this type, the reviewer has some doubts as to the audience for which it is best suited. It is too schematic for a scientific textbook and too valuable for the layman who is only neurotically interested in psychology. It should find its most useful field as an introductory textbook on child psychology for medical students, graduate students in pediatrics, and educationists, because it might stimulate them to inquire further into the basic scientific investigations from which the author has gleaned his material.

GERALD H. J. PEARSON.

Philadelphia Child Guidance Clinic.

TWO TO SIX; SUGGESTIONS FOR PARENTS OF YOUNG CHILDREN. By Rose Alschuler and the Pre-Primary Faculty of the Winnetka Public Schools, Winnetka, Illinois. New York: William Morrow and Company, 1933. 160 p.

This little book is a distinct contribution to child training and a valuable addition to the general home library. Here is a guide for parents that comes from a coöperative study of nursery-school and kindergarten children over a period of several years. The material is presented in a direct, straightforward way, thus offering parents a guide of a very practical nature to the care of their own children in the home. It will prove of decided help to those seeking parents who long for just such an understanding school placement for their own children as that provided for the fortunate parents of Winnetka.

Aside from excellent suggestions as to the general care of the child, his habits of eating, dressing, sleeping, and ordinary social development, the book contains an excellent discussion of music and rhythm and the use to which music can be put in the everyday care of the child in the home. Appended to this chapter are lists of songs for this age group, Victrola records, and music for appreciation and rhythms.

Two other valuable features are a list of books, including pamphlets which can be secured for ten cents, and a list of play equipment, all tried and tested in the careful observation of the nursery and kinder-

garten. The little volume is careful also to include the addresses at which the play equipment can be secured.

One point that will be pleasing to the average parent who reads the book is that the author takes note of the difference that necessarily exists between the surroundings of the child at school, and the attention that can be accorded him, as compared with the circumstances of the same child in his home. The parent, however, will see that in spite of these different circumstances, much of the same consideration and training can be given even under trying household burdens.

The excellent bibliography that makes up the concluding chapter will aid the parent to further study in this field of the care and training of children.

E. S. Rademacher.

Yale School of Medicine.

A Textbook of Genetics. By Arthur W. Lindsey. New York: The Macmillan Company, 1932. 354 p.

This textbook, by the professor of zoölogy in Denison University, shows a better grasp of human problems than has been demonstrated by some of his zoölogical colleagues in their writings. He notes that the usual illustrations of Mendelian heredity in man are rare abnormalities, and that the student gets a quite erroneous impression of the whole subject through such illustrations. He is extremely cautious in his own treatment, not merely of normal characteristics of intelligence and behavior, but of such traits as mental deficiency and mental diseases. The pedigree table from H. H. Goddard might well have been omitted in connection with "feeblemindedness." While his discussion of mental and emotional traits is more elementary and sketchy than is necessary, the author has at least avoided the dogmatism that sometimes masquerades under a technical terminology.

The book is by no means free from minor deficiencies. Thus, to cite a few at random, the statement (p. 291) that "two blue-eyed parents cannot produce brown-eyed children" is easily disproved by an examination of any comprehensive study, which will show that something like 5 per cent of brown-eyed children result from such matings. The remarks on the blood groups are inadequate for a book dated 1932. The pedigree chart (Fig. 113) purporting to show deaf-mutism as a dominant character actually shows that the mating of two affected persons produced nothing but normal children and grandchildren!

As a working program of eugenics, Dr. Lindsey proposes (1) strict control of immigration, (2) decrease of the multiplication of the unfit, through segregation or sterilization, and (3) encouragement

of increase of the fit, through education. This ignores the many legal, social, and economic measures that are actually influencing human evolution and that cannot be left out of consideration in any eugenic program. Thus the reproduction of the unfit may perhaps be reduced vastly more by such measures as raising the minimum age of marriage, providing for advance notice (and possibly physical examination), and abolishing child labor, than by any amount of segregation that can be done in the near future.

Education of the well-endowed is of tremendous importance, but rather pointless unless accompanied by effective efforts to give young people a chance, which they are now often denied, to get acquainted, so that if they want to fall in love, they will have an opportunity to do so without too much restriction of the direction in which they fall.

All this is merely to say that a zoölogist needs the collaboration of psychologists, sociologists, and economists, if he is to deal adequately with the applications of genetics to *Homo sapiens*.

PAUL POPENOE.

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PERSONALITY, MANY IN ONE; AN ESSAY IN INDIVIDUAL PSYCHOLOGY. By James Winfred Bridges. Boston: The Stratford Company, 1932. 215 p.

Another book by the author of *Psychology, Normal and Abnormal* will be heartily welcomed in psychiatric and psychological circles. In this recent work an attempt is made to analyze and describe some of the more important and striking aspects of personality, to depict some of the typical arrangements of patterns in the total configuration, and to trace the development of personality as the organization grows in response to inner forces and outer conditions.

After stripping the term "personality" of its supernatural and mystic qualities, yet at the same time avoiding the disparagement of it so frequently encountered in popular literature, the author presents the point of view of the natural scientist. He analyzes personality into its components and processes under the classification of cognitive, affective, and conative aspects, and then proceeds to discuss physical factors and their correlation with mental traits. The intellect, temperament, and character—facets of personality corresponding to the afore-mentioned classification—are then considered separately, the author, however, never losing sight of the essential unity of the whole. Then follow discussions of balance, organization, types, and development.

The description combines common sense and scientific notions of personality, avoids as far as possible ethical and metaphysical implications, and adopts somewhat traditional categories without failing

to recognize the more modern movements in the field. For purposes of clear and direct exposition, a somewhat uncritical, practical, definitive account of the components and processes, of the major types of variation, and of the more significant terms in the field of individual psychology has been set forth. There is no attempt at presenting a psychological system. In fact the terms that are used in the discussion and by means of which the description is carried forward are selected from sources ranging from *Geisteswissenschaftliche Psychologie* to Behaviorism. The electicism of the practitioner is manifest throughout, with but little attempt to disclose underlying mechanisms. But the range of phenomena covered by the terminology employed is very wide, and the concepts are classified and systematized in a way that makes for efficient observation.

The book is full of human interest, is exceedingly well written, and contains some truly artistic passages. It has much to offer to scientists, the teacher, and the intelligent layman.

University of Toronto. W. LINE.

THE ART OF BEHAVIOR. By Frederick Winsor. Boston: Houghton Mifflin Company, 1932. 203 p.

It is a privilege to make note of this physically slight, but morally great series of essays, by the founder and headmaster of a distinguished American school. The governing theme is the expression of ethics in the "common law." It is based on material composed for high-grade adolescents (an excellent book to get under their eyes), and manages to integrate some of their concrete problems with the underlying ethical principles with an effectiveness that can seldom have been equaled. No pretense is made to systematic completeness, but the volume could not achieve this and serve its main purpose. And if the cultivated adult finds in the content little that is basically new for the art of behavior, it can still command admiration as a contribution to the art of literature.

Boston Psychopathic Hospital. F. L. WELLS.

COLLECTED AND CONTRIBUTED PAPERS PUBLISHED BY THE STAFF OF THE ELGIN STATE HOSPITAL, UPON THE OCCASION OF ITS SIXTIETH ANNIVERSARY. Chicago: The Paramount Press, 1932. 288 p.

This most interesting and informing collection of papers is introduced by the following statement from Dr. Charles F. Read, managing officer of the Elgin State Hospital: "Nowadays more is demanded than was formerly required of those entrusted with the care of the mentally sick. It is quite possible for an old institution to accelerate its professional gait to match that of the times. This volume contains some evidence to that effect." Two hundred and

eighty-eight pages, treating of the hospital history, of various forms of treatment, of occupational therapy, of diagnostic and clinical procedures, of chemical studies, attest to this endeavor. There is no doubt but that such a method of acquainting the public with the problems, responsibilities, and efforts of the medical authorities in dealing with mental illness is most commendable. Public opinion, which sustains such institutions, will enable them to function upon a higher plane when an intelligent and discerning public sentiment is aroused.

There are many most interesting chapters for the therapist as well as the public at large. Florence Starks well states the function of occupational therapy in these words: "The primary purpose of occupation is to regain and retain an interest in reality by diverting the patients' attention from unpleasant subjects, pernicious day-dreaming, or devastating mental conflicts into more healthy channels, by means of a well-balanced program of work, games, and exercise." All through these contributions, one discerns a most commendable emphasis upon a spirit of humaneness as a necessary and valuable therapeutic factor. One notes also the absence of the stupendous and stifling dogmatism with which some theorists deal with the sociological aspects of mental illness.

Of especial significance to the therapist is the contribution, *The Babcock Deterioration Test in State Hospital Practice.* The practicability of this objective measuring device for mental deterioration is becoming evident through experience. The following table which shows the average indices and the range of indices found for various forms of psychoses is especially valuable to the therapist:

Psychosis	*No. cases*	*Average index*	*Range*
Epilepsy	26	—5.4	—10.2 to +1.1
Paresis	98	—5.1	— 9.0 to +0.3
Arteriosclerosis	4	—4.9	— 6.1 to —3.7
Organic brain disease	4	—3.3	— 5.2 to —1.7
Alcoholism	66	—2.3	— 4.2 to +1.4
Manic-depressive	6	—1.4	— 2.6 to —0.3
Schizophrenia	24	—0.8	— 7.3 to +1.7
Psychoneurosis	4	—0.6	— 0.8 to +0.4
Non-psychotic	26	1.2	— 2.1 to +5.2
Unsuccesful	14		

Interesting notes on outdoor recreational development, on group therapy, on the psychologist's work in a state hospital, on the problems of the patient on parole, and on spontaneous recoveries are included. Every alert therapist will want to peruse these pages.

JOHN EISELE DAVIS.

Veterans Administration Hospital, Perry Point, Maryland.

NOTES AND COMMENTS

Compiled by
PAUL O. KOMORA
The National Committee for Mental Hygiene

National Committee for Mental Hygiene Holds Twenty-Fourth Annual Meeting

Experimental demonstrations in selected communities, to test out the thesis that 50 per cent of the incidence of mental disability can be prevented by the intensive application of existing knowledge, were advocated by Dr. Clarence M. Hincks, principal speaker at the Twenty-fourth Annual Meeting of The National Committee for Mental Hygiene, which was held at the Pennsylvania Hotel in New York City, November 9.

This practical method of approach to the problem of mental disease, Dr. Hincks said, might be adopted both in the setting up of various types of community organization dealing with the management of incipient forms of maladjustment and the application of preventive principles of mental hygiene, and in the refinement and improvement of existing arrangements for the treatment of developed conditions of mental disorder. Such a project would be particularly helpful in counteracting present tendencies toward the crystallization of mental-hospital procedures, with excessive adherence to worn-out theories and traditions, and would be worth all the expense involved and more in the savings that could be effected in reducing the mounting burden of institutional care.

In this connection Dr. Hincks recommended experiments in the boarding out of mental patients like those more or less successfully conducted in various European countries, mentioning a novel project in institutional and community management of mental cases in operation at Oxford, England, as an illustration of the effectiveness of this type of experimental demonstration.

The time has come, Dr. Hincks declared, for the vigorous development in the United States of experimental efforts for the control and prevention of mental disorders comparable to European procedures in this field and to the already highly successful demonstrations carried out in other public-health fields in this country.

Reports were presented on the various divisional activities of the National Committee during the past year. The Division of Psychiatric Education has completed a two-year study of the status of

psychiatry in medical education in the United States and Canada, the first phase of its program for the development of an adequate psychiatric personnel and the improvement of psychiatric teaching in the medical schools. During the coming year its efforts will be focused on the strengthening of postgraduate training in psychiatry and mental hygiene in such leading medical centers as Yale, Harvard, Cornell, Johns Hopkins, and Columbia. Dr. Franklin G. Ebaugh has been appointed director of the division to succeed Dr. Ralph A. Noble. The division is also coöperating with the American Psychiatric Association in developing the plans under which the qualifying board, established by the association last spring for the examination and certification of physicians who seek standing as specialists in psychiatry, will function.

At a meeting of the Scientific Administration Committee held after the annual meeting, plans were considered for the celebration of the twenty-fifth anniversary of the founding of the National Committee this year. Leaders in medicine, psychiatry, psychology, education, law, social work, and other fields will be invited to participate, and a special program of conferences and publications will be formulated.

National Conference of Catholic Charities

Training for leadership was the keynote of the conference of diocesan directors of Catholic Charities and diocesan superintendents of schools held at the Waldorf Astoria Hotel, New York, October 3, the first of a series of meetings conducted by the Committee on Health, Mental Division, at the Nineteenth National Conference of Catholic Charities. Declaring that the social sciences were assuming increasing importance in the educational life of the nation, Bishop James H. Ryan, Rector of the Catholic University of America, urged that Catholic colleges and universities recognize the needs of the times and prepare themselves for their new mission by making larger room for these sciences.

"Just as in the last century the experimental sciences began to assume an increasingly important rôle in the preparation of leaders," Bishop Ryan said, "so from now on the social sciences will emerge from the secondary place they occupied and take on themselves the functions so closely indicated by the changes we face."

The question of Catholic leadership in the social sciences received special attention from the subsequent speakers in their discussion of mental hygiene, in which the need for the training of priests and other Catholic workers in this field was brought out. Why the development of psychiatric and mental-hygiene clinics was important, and what the Catholic attitude toward these clinics should be, were the

topics of an address by the Rev. Austin G. Schmidt, S.J., of Loyola University.

Father Schmidt described the work of these clinics, the types of problem they handled, their successes and failures, and the experience of diocesan directors of Catholic Charities in dealing with them. While some of the clinics, as at present conducted, are unacceptable to Catholic practice in education and social work, nevertheless, he said, it was just as irrational to condemn all clinics or to oppose them as it would be to oppose seminaries or any other institutions. He urged that directors maintain contacts with the clinics and help to make them more acceptable by adopting a patient and friendly attitude and by acquiring a knowledge of the psychiatrist's point of view, language, and technique. "Mental hygiene and child-guidance clinics are here to stay. It will not improve the situation by being too skeptical or distant toward them." In his experience, non-Catholic psychiatrists were, as a rule, willing to lend a sympathetic ear to advice and opinions from the clergy in regard to the manner in which members of their church were treated.

Speaking in a similar vein, the Rev. Otis F. Kelly, M.D., Professor of Psychology at Regis College, Massachusetts, and former pathologist at the Danvers State Hospital, declared that every priest, whether diocesan director of charities, supervisor of schools, pastor, curate, or bishop, was obliged to interest himself in mental hygiene, and cited his own experience to show how important and helpful knowledge of this subject is at the present time. A paper by Dr. Paul E. Kubitschek, Director of the Child Guidance Clinic of St. Louis, Missouri, on the formation and function of diocesan committees on mental health, concluded this session.

The part played by the parish church, schools, and institutions in a mental-health program was discussed at another session by Dr. T. W. Brockbank, Director of the Catholic Charities Guidance Clinic and of the Catholic Charities Traveling Clinic, of New York.

"The church, the school, the institution and others trying to carry on mental-hygiene work," he said, "must recognize that neglect of the total individual has and always will account for the majority of failures.

"The mental-hygiene clinic serves to coördinate the studies of the problem from various technical viewpoints. Awareness of the problem is preliminary. Records of the details must be kept; we cannot rely on any one's memory for such data. A thorough study of the problem is essential.

"Before church, school, institution, or any other agency can help effectively in any worth-while program outlined to further mental

health within the scope of its jurisdiction, the objects, methods, and limitations of such work must be clearly understood."

At a third session of this group, the effects of the depression on the mental health of the family were discussed by Dr. George K. Pratt, Medical Director of the New York City Committee on Mental Hygiene. Dr. Pratt scored bureaucratic stupidity in the administration of relief to the unemployed as one of the causes of mental ill health.

"I know of one case," Dr. Pratt said, "where the investigation for city relief was placed in the hands of a policeman from the traffic squad, who arrived at the house of the person to be investigated in full regalia, six-shooter and all, in a big red car with siren shrieking. I know of cases where long lines of people seeking relief were kept waiting in the cold when there was a large, warm room inside where they could have been. And these are not isolated cases at all, but often the general rule. These things have a great deal to do with the mental ill health that is prevalent among the unemployed.

"The uncertainty that goes with present industrial conditions, which makes a man fear to lose his job after he has gotten it, doesn't help to build up mental health. The safety manager of a big insurance company told me of the great increase in accidents due not only to lack of skill, but to the frantic desire for a showing of increased production."

The possibilities and limitations of psychiatric treatment for maladjustments associated with depression conditions were discussed by Dr. Miriam Dunn, psychiatrist to the Catholic Charities of Washington, D. C., who differentiated between two groups of victims: those whose difficulties arise from acute need, but who, because of good mental habits and fundamentally sound reaction tendencies, quickly recover their equilibrium upon reasonable satisfaction of such need, through suitable relief measures, and adjust themselves to a lowered economic level; and those of less stable make-up whose adjustment during prosperous times was of a precarious sort that could not stand up before the storms and stress of economic depression, and who require the props of psychotherapy as well as the ministrations of material relief.

It is the second group that swells the lists of psychological casualties familiar to social work and clinic agencies in these times and makes up the bulk of the problems of maladjustment described by the previous speaker. These problems represent the final manifestation, in mild or severe forms, of constitutional anomalies and unhealthy reaction patterns, of bad habits of thinking, feeling, and acting that have developed over a lifetime in individuals unequal to the extraordinary demands upon adaptation precipitated by the economic crisis. Their capacity to adjust is of the fair-weather variety and, depression or no

depression, they are liable to succumb in any life situation, depending upon certain precipitating factors.

The therapeutic problem in the present situation is the same as it is at any time in connection with the study, treatment, and prevention of mental disorders in general, with certain qualifications. It involves the breaking down of bad mental habits and attitudes and the building up of good mental habits and attitudes. The depression has merely revealed the vast amount of poor adjustment to life that exists unnoticed in normal times and has emphasized the need for education and reëducation in mental health on a large scale.

A fourth session of the Committee on Health, Mental Division, was devoted to a consideration of the work of Catholic chaplains in mental hospitals. The discussion opened with a report presented by Paul O. Komora, Associate Secretary of The National Committee for Mental Hygiene, who conducted an inquiry into the conditions and practices obtaining in mental hospitals in the various states, for the purpose of appraising the existing provisions for the services of Catholic chaplains, with a view to improving upon present arrangements, where desirable. The feasibility of having full-time resident chaplains in these institutions was also considered, most of them having only part-time chaplains at this time.

Chaplains from state hospitals in New York and neighboring states presented their views and experiences, describing the conditions under which they work and suggesting ways in which their status in the hospitals and their relations with the institutional authorities might be improved. The Rev. Charles Roth, S.J., chaplain to the Hudson River State Hospital, Poughkeepsie, N. Y., for example, pointed out the value of attendance by chaplains at staff meetings, to promote a better understanding between them and the physicians in the care of certain types of patient. In addition to the purely religious aspects of their work, he said, chaplains in these institutions have a contribution to make to the mental welfare of their patients, to the alleviation and treatment of the mental conditions from which these patients suffer.

That the chaplain has a place in the treatment scheme was emphasized by the psychiatrists who spoke at this session, among them Dr. Michael P. Lonergan, Clinical Director of the Manhattan State Hospital in New York City, who also urged the chaplains to attend staff conferences, to secure training in psychiatry, and thus better to equip themselves for participation in therapeutic work.

How psychiatric and spiritual values can supplement each other with greater benefit to the patient, and what might be done to develop a better working partnership between psychiatrist and chaplain, was the theme of this discussion. Such collaboration was especially per-

tinent in cases presenting symptoms of moral or religious conflict. The psychiatrist felt that the authority of the priest can contribute much to the relief of such patients, since he is often in closer relationship to the patient and has greater access to the inner life and religious and moral attitude of the patient, which are the very basis and core of personality. But this coöperation presupposes a knowledge of psychiatry and psychopathology by the priest and, on the part of the psychiatrist, an appreciation of the limitations of psychiatry and the meaning of religion in the lives of patients.

State Society News

Massachusetts

Paradoxically, the Massachusetts Society for Mental Hygiene has ended its last fiscal year with a surplus, instead of the customary deficit. This welcome news was an incidental, though not insignificant, factor in the success of the society's annual meeting, which was held at the Twentieth Century Club in Boston on November 23. Dr. Henry B. Elkind, medical director of the society, presented an equally gratifying report on the year's work. This work has necessarily been curtailed to some extent because of a restricted budget—the society's expenditures for 1933 amounting to $17,100, compared with the approximately $25,000 expended during 1932—but its major features have been continued despite depression conditions. Dr. Elkind considered it particularly fortunate, for example, that the society has been able to save its periodical publication, *Understanding the Child,* from the extinction that threatened it with the exhaustion of the special fund set up by the Hyams Trust, which financed it for the first three years. Thanks to the development of its paid-subscription plan—it has now close to 9,000 subscribers, mainly school-teachers in Massachusetts and New York—its publication is assured up to January 1, 1935, and there is hope that it may be continued on a permanent basis.

Other projects upon which the society has been engaged and which will be carried over into the new year are a survey of mental-hygiene teaching in the state teachers colleges of Massachusetts, activities growing out of the Boston Mental-Hygiene Survey, and inter-city lecture courses conducted under the auspices of the State Division of University Extension. Special emphasis will be given to the field of mental hygiene in education.

Dr. Payson Smith, State Commissioner of Education, addressed the meeting on the subject of "Teaching Teachers Mental Hygiene," and Dr. Lawrence K. Lunt, of Concord, discussed "The Problem of the Psychoneuroses." Dr. C. M. Hincks, General Director of The National Committee for Mental Hygiene, also spoke.

The following officers were elected: *President,* Dr. Donald Gregg; *Vice-President,* Dr. Walter F. Dearborn; *Secretary,* Dr. Charles E. Thompson; *Treasurer,* Romney Spring; *Assistant Treasurer,* Clarence G. McDavitt.

Utah

Mental Health, a quarterly publication of the Utah Society for Mental Hygiene, is the latest addition to the roster of periodical bulletins issued by state societies in this country. The Utah Society is to be commended for its enterprise in launching this instrumentality of mental-hygiene education in its state at a time when economic conditions have generally operated to retard activities of this sort, though they were never more necessary. It is to be complimented, moreover, on the interesting, not to say challenging, character of the subject matter of its first two issues, which have just reached us. The July number carries a descriptive account of the development of the Utah Society, which was organized in 1926; a leading article, *Mental Health in the Public Schools;* a report on an out-patient-clinic project of the Utah State Training School; a report upon efforts to increase the medical staff of the Utah State Hospital; and an article on syphilis as a cause of mental disease and defect. The contents of the October number range from an historical resumé of the origin and development of the mental-hygiene movement and an editorial on public education in mental hygiene, entitled *Reaching the Masses,* to articles on intelligence levels, social work, and mental hygiene in business and industry. *Mental Health* should do much to stimulate public and professional support of the movement in Utah and the West.

Pennsylvania State-Hospital Survey

Complete state care of the indigent mentally ill; vigilance against any lowering of present state-hospital standards because of depression conditions; extension to all institutions of the high standards of efficiency in the scientific study and treatment of patients that obtain in many of them at the present time; construction of additional facilities in the southeastern and southwestern sections of the state where the needs are most urgent; expansion of existing work in the training of medical students, internes, and nurses; intensive development of clinical, social service, educational, and other community activities in mental hygiene; encouragement of research; and experimentation in the boarding out of selected patients to reduce the burden of institutional care—these are among the major recommendations made to Governor Gifford Pinchot by a special committee which has been studying the status of state mental hospitals in Pennsylvania

during the past year. The members of this committee were Everett S. Elwood, Chairman, Dr. J. Allen Jackson, Dr. Henry I. Klopp, and Dr. William C. Sandy.

The report of this study, which is published in full in Vol. II, No. 3, of the *Mental Health Bulletin* of the Pennsylvania Department of Welfare, is in three sections, the first summarizing the history of the state's efforts to deal with the problems of mental health; the second outlining the requirements in the way of personnel, housing, and equipment necessary in the operation of a modern mental hospital; the third setting forth the committee's recommendations and proposals. There is also a supplement containing the committee's findings in the eight state mental hospitals in Pennsylvania.

The committee is emphatic in its disapproval of the present system of joint state and county care, which it declares inefficient and wasteful, and urges the state to assume entirely responsibility for the care of its mentally ill, "as over thirty other states have done." It subscribes to and urges all hospitals to approach the standards adopted by the American Psychiatric Association in respect to modern mental-hospital requirements, and it reaffirms the need for the ten-year program of hospital construction and development launched by the State Bureau of Mental Health and temporarily suspended for lack of funds. "It should be understood that the program is only held in abeyance and not abandoned," the report states.

While conceding that the provision of extensive housing accommodations is probably not possible at the present time, yet it considers a certain amount of construction as absolutely essential to the maintenance of the present quality of treatment, recovery rates, and extramural mental-health activities, and warns against any economizing that would jeopardize existing standards. It wants the state to take over the Philadelphia Hospital for Mental Diseases at Byberry, and the County Hospital for Mental Diseases at Embreeville, and makes a specific request for immediate appropriations to correct deficiencies in existing facilities in certain state institutions faced with serious need. It also recommends immediate appropriations for the completion of the Western State Psychiatric Hospital in Pittsburgh. In this connection it makes the following trenchant observations:

> "All research must receive its chief impetus and support in the psychiatric hospital. The justification for the psychiatric hospital is that it furnishes a means whereby the physicians on the staffs of the mental hospitals may have more adequate and thorough training, and that definite attempts may be made to reach a solution of the psychiatric problems involved in the causation, treatment, prevention, and cure of mental diseases. The committee believes that in consideration of the millions that the state must spend annually in the care of mental cases, more adequate appropriations would be justified for such research. It

> has been estimated that one mental disease, dementia praecox (schizophrenia), is costing the country nearly a million dollars a day, including loss of income due to the incapacity of the patient. The needs of the state in this field will be met only by the completion of the Western State Psychiatric Hospital in Pittsburgh and by the eventual establishment of a similar institution in Philadelphia."

A New Approach to the Mental-Health Problem

Under this heading, in the leading article of the October *Bulletin* of the Massachusetts Society for Mental Hygiene, Dr. James V. May, Massachusetts Commissioner of Mental Diseases, discusses the functions of the psychiatric clinic opened last June at the Boston State Hospital. He analyzes the hospital residence of some four thousand consecutive admissions to that institution during a period of ten years to show that a commitment to a state hospital "is far from being a life sentence, as many people still believe."

Nineteen per cent of these admissions, exclusive of deaths and transfers, Dr. May states, had a complete hospital residence of thirty days or less; 45 per cent, of six months or less; and 56 per cent, of one year or less. After five years, 15 per cent of these patients were still in the hospital, and there were only 3 per cent left at the end of ten years. The recovery rate at this institution, he further states, "is more than twice that of some of our best general hospitals." Describing the new clinic, Dr. May writes:

> "The purpose of the psychiatric clinic is to furnish agreeable surroundings and intensive treatment for the recoverable cases which, it is hoped, may be returned to their homes after six months or less of hospital residence. It is very reasonable to assume that if these persons can be kept from any contact with the senile, arteriosclerotic, and infirm, the noisy, violent, and destructive patients, and the terminal deteriorated types of dementia praecox found in buildings housing the more or less hopeless cases, it would be productive of better results. The question often asked by those visiting our institutions is, How can you expect anybody to get well in such surroundings? The object of the psychiatric clinic is to keep the recoverable cases where they will not come into contact with any form of environment which will detract from the possibility of their getting well.
>
> "The building furnishes facilities for occupational therapy; continuous baths and packs, together with all other forms of hydrotherapy; dental, eye, ear, nose, and throat treatment; X-ray examinations; barber shop and hair-dressing rooms; and the like. Ample space has been provided so that the relatives of patients can spend their entire visiting hours alone with their friends in attractive small rooms designed for that purpose. This does away with the necessity of their visiting in wards. The building also has a room for staff conferences, and a lecture room for the use of those who are in charge of the psychiatric training of medical students. There is a medical library, and one that will furnish books for the use of the patients.

"The day rooms are commodious and attractively furnished. None of the dormitories accommodates more than six patients, and there are numerous single rooms. Each ward has radio connections and spacious verandas. There are no window guards. The receiving wards have their own dining rooms. The other patients are served in a very attractive cafeteria on the second floor. There are 150 beds in the building, which has no institutional atmosphere and does not conform to the old, time-honored ideas of state-hospital construction.

"It is to be hoped that these methods of treatment can be used in the other state hospitals in Massachusetts, when funds for such purposes become available."

Yale Develops Postgraduate Work in Psychiatry

After four years of developmental effort, during which "substantial progress through teaching, research, and clinical work in rounding out the curriculum from the point of view of the mental aspects of behavior" has been made by its Department of Psychiatry and Mental Hygiene, Yale is now ready to offer a well-balanced postgraduate course of training in psychiatry, according to the recent annual report of Dr. Milton C. Winternitz, Dean of the School of Medicine.

Special attention has been given to an attack upon research problems of psychiatric interest through the development of a psychological service which is now functioning as a joint project of the department and the Yale Institute of Human Relations, and which has as its objective the fuller integration of the science of psychology into the general scheme of medical research, practice, and education. The establishment of fellowships for intensive postgraduate study in psychiatry is advocated by Dean Winternitz to this end under conditions described by him as follows:

"Opportunities for such training are lacking in this country and may account for the difficulty in obtaining personnel with a psychiatric interest and outlook and at the same time a sound medical education. Frequently men enter a special branch of psychiatry or mental hygiene without adequate knowledge of what the field as a whole offers or the nature of its relationship to medicine in general.

"The suggestion has been made at Yale that students intending to practice psychiatry in any of its many aspects should spend a year in a general interneship following graduation. After this, a year should be devoted to a survey of the whole field of psychiatry and mental hygiene. This survey might be accomplished in part through a series of pro-seminars, conducted by representative practitioners, teachers, and investigators able to give the student a perspective of their respective kinds of activity. The aspects covered should include the basic sciences upon which psychiatry is founded—namely, neurophysiology, neuro-anatomy, neuro-pathology, psychobiology, social psychology, and chemical, genealogical, and physiological approaches to psychiatric research problems. The survey should also include clinical work, such as institutional care of the mentally ill, psychological

problems dealt with in general-hospital wards, psychiatric out-patient work, community mental hygiene, college mental hygiene, child guidance, guidance of adolescents, psychiatry in industrial management, and psychiatry in relation to court procedure and the problems of delinquency and crime.

"After this survey year, scholars showing the most promise might be made eligible for appointment as fellows for intensive study in a selected field. The duration of the appointment might vary with conditions, although it ought to be in many instances for at least three years. Fellows for these appointments could be selected intelligently, both because the individual would have had opportunity to determine his adaptability to the various types of activity, and because the school would be acquainted with the student.

"Through its affiliations in the university and the community, the school can offer educational opportunities in most of the fields of psychiatry and mental hygiene, although the addition of personnel would be necessary in some instances. Such a program of psychiatric training, offered to men already possessing a sound medical education and closely connected throughout with the medical curriculum, should tend to create a closer relationship between psychiatry and medicine both in practice and in educational procedure. It should benefit not only those holding fellowships, but the training of physicians generally."

The Rockefeller Foundation Finances Neuropsychiatry

The Rockefeller Foundation reports that special attention was given to the field of psychiatry in its work during 1932. In that year a total of $11,577,064 was appropriated for projects in the medical, social, and natural sciences, the humanities, and public health. Of this amount $3,090,973 went for the medical sciences, the largest single appropriation in this field, $1,282,652, having been made for the establishment of a neurological institute at McGill University, Montreal, Canada. In addition various grants were made in support of research projects at the Kaiser Wilhelm Institute for Brain Research, at Berlin-Buch, Germany; to the Institute for Psychiatric Research at Munich, for investigations of infections of the central nervous system; and to other European institutions working in similar fields.

English Hospitals Overcrowded

Almost all the reports received from public mental hospitals in England and Wales refer to the overcrowding of these institutions, according to the annual report of the chief medical officer of the Ministry of Health for the year 1932, as abstracted in the *Lancet*. In some cases patients from districts more than one hundred miles away are received into already almost fully occupied hospitals. The admission rate has been steadily rising since 1919, the report states, and though the last rise, despite the Mental Treatment Act and

unemployment, is less large, it gives cause for considerable alarm from an administrative point of view.

The figures for Leicester City are typical. Whereas in 1922 the asylum population represented 1:353 of the borough population, in 1932 this figure rose to 1:279. The main cause for the increase in admissions is not clear to the authorities. It is due in part, according to the chief medical officer's interpretation, "to earlier willingness to transfer the mentally afflicted to suitable care, and less readiness to cope with him throughout the attack." But there seems to be little relation between the prevalence of social conditions, such as unemployment, and their action as causes of mental disturbances.

There would also seem to be greater delay in the discharge of patients, the chief medical officer writes, "a delay all to the good of the patient and to his home folk. Protests are sometimes made by individual members of the hospital committees, who say that the families of recovered or recovering patients are less willing to receive them owing to the risks of unemployment. Such statements are seldom well supported, but they contain probably a germ of truth."

International Council of Nurses

The Committee on Mental Nursing and Hygiene of the International Council of Nurses brought in the following recommendations at the Congress of the Council held in Paris and Brussels last July:

> "1. All general-hospital schools of nursing should include in the basic course the principles of mental hygiene and mental nursing.
>
> "2. Instruction in mental hygiene should begin in the preliminary course and as far as possible should be woven into the courses concerned with teaching the principles and practice of nursing and the biological and social sciences.
>
> "3. When taking care of sick patients, the total individual should be taken into consideration and mental, physical, and social conditions should be considered in their relations to each other.
>
> "4. In order to promote this kind of instruction, head nurses and supervisors should be encouraged to prepare themselves to give this point of view.
>
> "5. As soon as mental hospitals accept their responsibility for making a worth-while program and providing more satisfactory working and living conditions, we urge and encourage the general and mental hospitals to join in affiliations, so that all students may, as soon as possible, have an opportunity for experience in the care of the mentally sick in a mental hospital."

These recommendations were transmitted in a resolution, addressed to the board of directors, "that the International Council of Nurses endorse the principles embodied in the progress report of the Committee on Mental Nursing and Hygiene to the Grand Council, and

that in considering the curricula of schools of nursing, the Education Committee incorporate these principles into the suggested programs which it may develop."

U. S. Senate Hearings on Crime Control

The United States Senate Committee on Crime Control, which has been investigating racketeering and other phases of the crime problem, concluded its public hearings in various cities of the country with a two-day session in the Bar Association Building in New York City on November 23–24. This session was devoted largely to a consideration of the causes, treatment, and prevention of crime, with special reference to juvenile delinquency. Dr. Royal S. Copeland, senior senator from New York and chairman of the committee, conducted the hearings. Scores of professional and lay people, criminologists, law officers, educators, sociologists, clergymen, social workers, psychologists, and psychiatrists testified, among them Dr. Ira S. Wile, former Commissioner of Education of New York City and President of the American Orthopsychiatric Association, who represented The National Committee for Mental Hygiene. Others who testified were Dr. Clarence O. Cheney, Director, New York State Psychiatric Institute and Hospital, Columbia Medical Center, New York City; Dr. H. E. Chamberlain, Assistant Professor of Psychiatry, University of Chicago; and Dr. Richard Paynter, Professor of Psychology, Long Island University, New York.

Dr. Wile's testimony dealt broadly with the social and educational issues involved in crime control and prevention, but primarily with its medico-psychological aspects, in terms of mental and nervous maladjustment and defect, child guidance, personality study, individualization of treatment, psychiatric clinics, school curricula, teacher training, and other factors of institutional and community organization bearing upon the socialized training of youth and childhood. We quote some of his views on a mental-hygiene philosophy and program of crime prevention:

> "Mental-hygienists regard delinquents and criminals as effects of social disharmonies as well as causes of dysgenic social living. They view delinquents and criminals as the victims of misunderstanding and mistreatment, and as the results of social policies which thwart and distort the normal development of sound personalities. The responsibility for delinquency cannot be placed entirely upon the delinquent himself. Communities also are delinquent.
>
> "The National Committee for Mental Hygiene denies the existence of a single cause of delinquency or crime. The extreme variability of individuals and the unpredictability of their reactions to social stimuli indicate that there must be multiple causes at work as well as multiple effects from single causes. The National Committee, therefore, depre-

cates any efforts to establish what might be termed a rigid form of organization for attacking delinquency and crime, believing rather that it is paramount to consider the delinquent and criminal as individuals, regardless of the similarities of their overt behaviors and despite all legal classifications of their antisocial activities. . . .

"The National Committee recognizes that mental deficiency is a significant problem having definite relations to delinquency. Studies in the psychopathic laboratory of the Juvenile Court of New York City and of offenders in the Municipal Court of Boston have amply demonstrated that among such groups the proportion of feebleminded is far higher than in the community at large. . . . It suggests the importance, therefore, of an intelligent, organized communal program for the care, education, and supervision of mental defectives as one factor in the prevention of delinquency and crime.

"The National Committee for Mental Hygiene views the problems of childhood as basic and as calling for the most serious and thoughtful attention. The White House Conference estimated that 675,000 children, or approximately 3 per cent of those attending regular school classes, present behavior problems. This is merely a fractional part of the great problem of mental hygiene and it disregards all potential difficulties related to secondary-school maladjustments. It ignores personal difficulties bound up in deficiency, epilepsy, neurosis, and psychosis. It must be obvious, therefore, why the National Committee emphasizes childhood as the golden age of prevention. It believes, indeed, that childhood, especially during this era of low birth rates, calls for an increasing concern on the part of the national government. It believes that such an organization as the Children's Bureau should have one section of its work devoted definitely to the continuous study and investigation of those phases of preventive work which are designed to safeguard the community from increasing delinquent and criminal activities. . . .

"It is evident that any program of prevention must involve some wide social reforms for the purpose of securing living standards and guiding procedures that are sufficiently elastic to promote individualized adaptation. . . .

"Another factor that concerns society as a whole is its school system which has been designed to inculcate the standards and ideals of our country. Our school records throughout the nation bear witness to the very unsatisfactory adaptations of more than a million children attending them. Widespread truancy is not only a symptom of individual maladaptation, but a threatening finger pointing out to all communities the inefficiency and inadequacy of their educational systems. Truancy is closely related to many fields of delinquency.

"The report of the New York State Crime Commission for 1929 bears witness to the fact that many truants who became delinquents manifested behavior problems in their classes when they were in the second grade. The same report discloses that those who, after truancy, became members of the misdemeanor and felony groups had evidenced their resistance and rejection of school disciplines and work while pupils in the third grade. Preventive work, therefore, could have been carried out only by going back into the early grades of school. The National Committee believes that schools could accomplish greater preventive service were there a better understanding of the relation between school

maladjustments, truancy, and the disorganization of personality which leads to delinquency and crime. . . .

"The National Committee urges that, in the process of the prevention of delinquency, great stress be placed upon the need of a more elastic school organization. The doctrine that any one form of curriculum can or will meet the needs of all children and serve the community adequately is false and indefensible. There are too many children of border-line mental capacity who lack interest in the present-day school content; they do not fit into our system as at present organized. It becomes necessary, therefore, to recognize that mass education in schools requires a thorough study by every community in this country in order that the general and special needs of each particular school population may be considered in connection with the demands of the curriculum. This becomes all the more important from an economic standpoint as the cost of maintaining a child in an industrial school or a reformatory is more than five times the cost of maintaining such children in the elementary school. . . .

"With 300,000 cases per annum appearing as juvenile delinquents and with 1.6 per thousand of children from ten to seventeen years of age being admitted to our institutions (1923), it is time that we recognized the value of intelligently adapted public education as compared with the financial costs of the specialized institutional care consequent upon educational failure and delinquency. According to the United States Biennial Survey of education, 1926–1928, the annual cost of 150 institutions for juvenile delinquents was more than $22,000,000, or a per capita cost of $518. It is quite obvious that communities can afford to spend larger sums upon their educational systems in an effort to prevent delinquency and still have a potential gain in their resources, as a result of the money saved upon the children who otherwise would be institutionalized.

"The National Committee, therefore, suggests that in the report of this Senatorial Committee recommendations be made to state departments of education to the end that their educational systems be seriously analyzed in terms of present needs, so as to provide better educational opportunities for all the children of all the people. . . .

"There is much evidence to demonstrate that the children who present the most maladjustments in school, as a class, manifest greater mechanical intelligence than those who have no difficulties in the verbal material of classrooms. The National Committee believes, therefore, that steps should be taken to secure a wider differentiation of school subjects in the early grades of school. I have urged the value of clearance classes for children upon entering school, together with the establishment of school clinics for the proper differentiation of children's problems, especially in the early grades of school, and for meeting the specific problems to which they give rise. The personality difficulties that lead to antisocial behaviors may be treated with considerable success in a school setting.

"The National Committee stresses the necessity for shifting our point of view concerning mass education, in which an undue emphasis is placed upon age-grade progress, which is not and cannot be unitary for all children. School progress should be in terms of capabilities of performance and along lines eliciting pupil interest and application as well as into fields designed to encourage and sustain personal efforts at school

adjustment. The realities of human psychology should be faced instead of accepting the theoretic assumption that rapid promotions through the grades represents mental growth or emotional stabilization.

"School systems, private, public, and parochial must realize their responsibility for the guidance of youth in terms of character formation. They cannot and must not ignore their own guilt in the face of the failure of children to make their adjustments in school. . . .

"There cannot be too great emphasis upon the fact that the emotional and social lives of children require guidance as truly as does their intellectual life. The whole child goes to school as well as to delinquency. The visiting teacher has a valuable service in preventing truancy and delinquency through assisting families to understand their children, enabling the school to understand the social background of their pupils, and adjusting the children to both home and school. Many of the problems of rehabilitation of the home and the child could be solved by these procedures in the interests of the prevention of delinquency.

"The National Committee for Mental Hygiene urges the importance of further development of child-guidance clinics, of which at the present time there are some 674 in the United States, giving care and oversight to 50,000 or more children annually. These clinics work effectively with children and effectually prevent the development of delinquency among those whose behavior may be termed pre-delinquent. They also straighten out incipient personality distortions, thus fostering normal adaptations to social living. There is a definite decrease of delinquent children from among the group subjected to intelligent child guidance under the direction of psychiatrists or pediatricians, psychologists and social workers. Speaking from my own experience, I may say that so far as I am aware, over a period of fifteen years, of the many thousands of children who have been handled at the Children's Health Class at Mount Sinai Hospital, only three have actually reached the juvenile court. Early attention to the personality and behavior difficulties of children at child-guidance clinics lessens the likelihood of institutional care for such children, and diminishes also the likelihood of juvenile delinquency.

"The utilization of psychiatric guidance in clinics of this type in connection with juvenile courts is well known. It has proven valuable because of the aid given not only to the judge, but to the probation officers who are to give their personal guidance to the children placed under their care. Judge Charles W. Hoffman, of the Juvenile Court of Cincinnati, Ohio, states that by the reorganization of efforts, only about twelve boys out of a county population of 500,000 were placed in the state industrial school. In Cincinnati the House of Refuge and the Opportunity Farms have been turned over to the public school as a function belonging solely to the school system. While about 2,000 children are brought annually to the children's court there, they are handled by social agents in a way to prvent their unnecessarily suffering from the stigma of crime. . . .

"While the National Committee recommends that the United States Government organize in the Children's Bureau a department of investigation and counsel, it advises against the establishment of a specific governmental crime commission or even of a governmental or federal bureau dealing with problems of delinquency and bearing an accusatory title, as such terminology is disadvantageous. In efforts at prevention

every suggestion of stigmatization should be avoided. The human aim should be, not to awaken a sense of shame or guilt, but to bring about internal reactions fostering a more intelligent appreciation of the meaning of law and government with a self-developing recognition of the values of social adaptation.

"The mode of approach to preventive service in the interest of law observance cannot be highly specific because, so far as particular groups are concerned, delinquency and crime are social problems that involve the community as a whole as well as specific families and specific individuals as potential or actual malefactors. The National Committee urges, therefore, that this Honorable Senatorial Committee in its report set forth the necessity for communal planning for the prevention of delinquency and crime through a representative local organization. This should consist of representatives of the departments of education and of health, the departments of police and correction, the department of charities, representatives from the state or county medical societies, the bar association, and the juvenile court, and representatives of such organizations as the churches, the Boy and Girl Scouts, the department of recreation, and other constructive organizations already existent in the community.

"A committee made up of such representatives could adequately consider the local problems and develop plans to meet the mental-hygiene needs of a growing population. The health of a community in terms of its mental adaptation is partially represented by its efforts to prevent and control delinquency and crime.

"As a final word, The National Committee for Mental Hygiene offers its facilities and coöperation in any way that may be of service either to this Senatorial Committee or to any permanent organization which it may foster to attack delinquency and crime on a preventive basis."

Case-Work in American Prisons

The movement for greater individualization in the management of offenders against the social order and a more progressive administration of penal and correctional institutions in the light of modern progress in scientific criminology advanced another step with the formulation of principles and guiding procedures worked out by a committee of twenty-two psychiatrists, psychologists, prison wardens, sociologists, and educators, who have been studying the problem during the past year. Their report, which is to be published in handbook form for the use of prison administrators throughout the country, was presented at the annual congress of the American Prison Association, which was held this year in Atlantic City, N. J., on October 11. Dr. V. C. Branham, Deputy Commissioner of Correction of New York State, who presented the report, showed how the principles of psychiatry, mental hygiene, and social case-work could be carried over into penal and correctional procedures with benefit alike to inmate and administrator. The following are some of the more significant portions of this report:

"SOME OF THE THINGS THE PROFESSIONAL PERSONNEL CAN DO TOWARD HELPING THE CORRECTIONAL-INSTITUTIONAL HEAD IN HIS ADMINISTRATIVE RESPONSIBILITIES.

"1. *Study treatment and disposition of inmates who show abnormal mental trends.*

"a. Ferret out the insane for transfer to the proper hospital for the criminal insane.

"Approximately 2 per cent of all offenders committed to correctional institutions are definitely insane. Many of these are discovered at the time of trial and are sent directly to the proper hospital without coming to the attention of the warden or superintendent of a correctional institution. Some of these cases, however, do not show sufficient mental distress at the time of trial to be noticeable, but develop their trouble some months later. In addition, other inmates who were perfectly normal at the time of trial become upset later in prison and cause all sorts of disturbance among the other inmates. The psychiatrist, with his specialized knowledge of mental diseases, spots these cases either when they appear before the classification clinic or later when they are placed in the hospital for peculiar behavior or imaginary or delusional illnesses, or are placed in segregation because of assault or other misbehavior. Many of such cases are cutters and wield a knife upon the slightest provocation. The removal of these dangerous insane inmates from the general prison population, through the specialized help offered by the professional personnel, is a service not to be judged lightly by the institutional head.

"b. Treat inmates who are mentally upset, but who do not need to be sent to a hospital for the insane.

"At the time each new admission to the institution is being classified, the professional personnel will note certain individuals who are likely to become easily upset mentally, but who are not actually insane. They are labeled 'psychopathic.' Some are much more easily upset than others and therefore are in need of the trained services of the psychiatrist or the psychologist. The clinic sets aside this group for further study and should have for this purpose separate quarters in the prison hospital for observation of the most easily upset of these psychopathic cases. They should be studied constantly, talked with, and treated by psychiatric technique until they are stabilized and ready to go into the general population.

"In addition to those inmates who have been noted by the clinic as needing special treatment, there is a fair-sized group of ambulatory patients. Such inmates come to the psychiatrist or other clinic personnel of their own free accord. Special problems arise which bring perplexities and conflicts, due to the circumstances under which they find themselves in confinement. They feel a strong need to talk over matters with some understanding person. Too often the superintendent and the administrative officers are too tied down with routine matters to offer free access for conferences of this nature. The psychiatrist, the psychologist, and the chaplain are, therefore, in a peculiarly fortunate position for giving individual advice and inspiration to the inmates, individually. The value of this service cannot be underestimated, especially in its bearings upon the rehabilitation of the inmate. Frequently the most powerful impression carried away by an inmate who

leaves a correctional institution is the personal influence arising from contact with some member of the staff. While these inmates are not mentally unbalanced, a large percentage of them are psychopathic.

"c. Secure the removal of the feebleminded inmate from the general prison population.

"Every prison administrator recognizes that the same things cannot be expected of a feebleminded man as of a man of good intelligence. A feebleminded inmate cannot respond quickly to commands given him by the guards, and he cannot understand what is wanted of him as fully as other individuals do. He cannot do highly skilled work in the shop, and because of his gullibility, he often becomes the prey of designing inmates who have a higher level of intelligence. The feebleminded inmate, if left to drift at the mercy of the other inmates, may become a tool for vicious practices. He also may readily become a disciplinary problem because of his inability to cope mentally with the other inmates who, therefore, make him the butt of all sorts of ridicule. Frequently he resents this and fights back, with the result that he gets the misconduct mark while the others are not caught. Here, again, a study of the type of inmate who is likely to give constant trouble in the way of discipline reveals that there is an unusually large number of inmates of border-line intelligence among the misconduct group, particularly if they are also unstable emotionally. The clinic, therefore, in spotting these feebleminded inmates by means of properly selected psychological intelligence tests, is rendering a real service to the institutional head and his assistants who are responsible for maintaining discipline. Feebleminded inmates should be segregated, preferably in a special institution or division of an institution, maintained for that purpose.

"2. *Help the administrative officers in maintaining discipline in the institution.*

"A close study of the trouble makers in any correctional institution reveals that their outbreaks of misconduct occur at somewhat regular intervals. During such periods the inmate will be unusually irritable, excitable, and inclined to give free vent to his emotions. This results in his getting into trouble with every one about him. It is usually found that such individuals are psychopathic and can be given treatment periodically to much advantage so far as their conduct in the institution is concerned. Workers in the clinic, however, would be the last to insist that all misconduct cases are psychopathic. There is a certain group that seems to be wilfully determined not to obey any rules laid down by the institution.

"For purposes of adequate treatment and administration, it seems advisable to combine these psychopathic and wilful cases in segregation under the full direction of a chief administrative officer. Such officer should not only be a disciplinarian, but should have educational qualifications and experience to render him fully sensitive to the scientific aspects of the handling of all types of cases placed in segregation. As a matter of fact, the Committee on Case-Work wishes to place itself on record as advocating that not only segregation cases, but all matters of the disposition of disciplinary problems, work assignment, and other placement of inmates, as well as housing, should be under the aforesaid chief administrative officer, who will have the proper authority to manage such placement and at the same time control the professionally

trained personnel which should be organized into a group known as the 'Case-Work Unit.'

"As a matter of routine, however, all cases placed in segregation or isolation, for punishment or any other reason, should be examined carefully both by the psychiatrist and the physician, and a full report of the findings be submitted to the head of the institution. In this way, those who are insane can be sorted out and transferred to the hospital for the insane. Those who are psychopathic can be given individual treatment. The physically ill—particularly those with tuberculosis, severe anæmia, certain syphilitic disorders, and the like—can be medically treated, so that their condition will not be aggravated by close confinement. All of these procedures are properly functions of the classification clinic.

"3. *Help to secure the social adjustment of the individual offender.*

"It is possible to do something within the institution itself in socializing the inmate through so-called 'social grouping' methods. While a procedure of this kind sounds formidable, it means no more nor less than seeing that the inmate is properly placed in the institution and is associated with other inmates who will be a help rather than a detriment to him. The clinic is in a splendid position to help the institutional head in this matter of social grouping because of its detailed study of the inmate's life from early childhood, as well as the noting of all his weaknesses and strengths of character and the deficiencies in his social upbringing.

"The clinic should be in a position to act as an advisory board to the division of parole. Every effort should be made to see that the environment from which an offender is received is modified so that most of the objectionable features in that environment will have been eradicated through the work of the division of parole while the inmate is still in the institution. It is a mistake to think that the inmate can be found a job and the home situation modified to meet his needs a month or so before he is actually paroled. At least three to five years are necessary to bring about changes in the environment that will result in a situation that is decent and respectable from the viewpoint of the community itself.

"Case-work should be done for the most part by trained social workers. These workers go into the homes of the inmates and talk with parents and relatives in order to find out what are their attitudes toward the inmate. In many cases complete indifference as to what happens to the inmate will be expressed by his parents. In other cases, there seems to be a deep hatred, out of proportion to the offenses the inmate has committed. Before the inmate can come back to his home, such intense feelings must be readjusted and an altogether different attitude of mind toward him and his offenses must be brought about. The case-worker, furthermore, must see to it that the actual home conditions are good; that is to say, that the house is clean, well kept, bright, and cheerful, and that the head of the household has a job and is making sufficient money to provide well for the family. The parole agent who is a case-worker goes a step further in helping the inmate to secure a job at the time he is paroled and seeing to it that undue influences, such as ridicule or persecution on the part of his fellow workers or a prejudice on the part of his employer, are not brought to bear against his holding that job. In brief, the attempt must be made to create a

totally new situation, so that the man is really given a new opportunity to 'go straight.' Frankly, rehabilitation often can be brought about in the best manner by finding the inmate a completely new environment rather than through a remodification of the old one.

"4. *Assist the institutional head to secure the proper placement of each inmate in the prison industries.*

"Almost every human being has a capacity for doing some one thing better than anything else. He will like to do this and will be more happy and contented in an occupation that he can perform well. It becomes the responsibility of the correctional institution, therefore, to see that each inmate is given the proper kind of work. A study of the previous occupations of the inmate and asking him what he likes to do are not enough. Too often the inmate selects a shop purely because he has friends there. The problem of gang affiliations in this way is a matter of grave concern to the administrative authorities. Too much reliance should not be placed upon the mere likes or dislikes of an inmate as expressed by himself. This is likewise true of his previous occupational history. A large percentage of offenders committed to correctional institutions have a history of a constant wandering from one type of job to another without ever completely mastering any skilled trade. Nothing is brought out to indicate that the individual has cared for any particular type of work or for anything other than the getting together of a sufficient number of dollars to permit him to loaf for a while and then to drift to the next job. These observations are made to emphasize the fact that a mere interview with the inmate regarding his likes as to trades and his past occupations is insufficient. It is necessary to use skilled technical procedures that will bring out adequately the capacities of the individual before he can be properly placed in a prison industry, trade shop, or school. The classification clinic can provide such facilities for the proper analysis. This committee urges strongly that institutional heads avail themselves to the fullest extent of such facilities.

"5. *Train the individual offender in a trade, give him an acceptable common-school education, and provide helpful competitive recreation while he is still within the institution.*

"Education is considered to be a threefold process—namely, training in the three R's, so that the inmate will be able to read a newspaper and to write a letter, and giving him more advanced education where his talent is deserving of such effort; training him in a trade that he can use in earning a livelihood after he leaves the institution; and providing healthful diversion by means of a well-organized recreational program which would place each inmate on some competitive team so as to bring about the most enjoyable and healthful type of exercise and recreation.

"In a larger sense, however, education becomes a preparation for citizenship. The clinic combines with the school, the shop, and the playground in providing a well-organized program of character building.

"6. *Carry out special medical treatment and physical rehabilitation.*

"Many inmates, especially upon admission to correctional institutions, are much below par physically and are in need of careful medical attention. They may be anæmic, under weight, with poor teeth and often other marked abnormalities. All of these defects handicap the individual, so that he cannot compete with his associates and develops a

feeling of inferiority. It should be the responsibility of the correctional institution to turn back into its community a man who is better physically and mentally than at the time of reception. In many senses of the term, the physician plays a foremost rôle in the group effort of the 'Case-Work Unit' to bring about intensive individual treatment of the offender.

SUMMARY

"The sum and substance of the foregoing paragraphs can be boiled down to the general statement that offenders are human individuals with differing personalities that must be dealt with on an individual basis. The 'Case-Work Unit,' with its professional personnel, is the best means as yet provided for this individual study. The efforts of the unit should have authoritative direction under a chief administrative officer who has had specialized professional training. Through organized study of the inmates, this unit can be of invaluable help to the institutional head and his administrative staff in selecting for special treatment abnormal types of offenders, in assigning inmates to work, and in throwing light upon disciplinary and housing problems.

"The Committee on Case-Work strongly urges that institutional authorities take advantage of these facilities. The committee likewise urges that the personnel of the unit make every effort to acquaint themselves with the many problems that confront the administrative officers of the institution. In order that clinic work may reach its greatest fruition, it is necessary that the aims and purposes of the unit personnel, on the one side, and those of the administrative staff on the other be merged in the common interest of the rehabilitation of the individual offender. This can be done to the advantage of all concerned."

Mental Health, Social Work, and Recovery

Whole-hearted and generous support of the NRA and the 1933 Mobilization for Human Needs as agencies for the protection of the nation's mental health and morale was urged by Dr. C. M. Hincks, General Director of The National Committee for Mental Hygiene, on October 31 in a message to institutional superintendents, clinic directors, department executives, mental-hygiene societies, and other organizations in the mental-health field. The National Committee is one of thirty-four national health and welfare organizations which supported the campaign to replenish community chests throughout the country for the welfare needs of the coming year.

"Every dollar contributed to a community chest is a contribution to the mental health of that community," Dr. Hincks said. "Whatever its monetary worth, this dollar has a double value for what it can buy in human services at this time when the social needs arising out of the unemployment and distress of the last four years are so acute. In a real sense it has the power to purchase not only the physical, but also the mental necessaries of life, for the mental health of millions of people still struggling to adjust themselves to long-sustained hardship and deprivation depends upon the continued

maintenance of the healing, morale-sustaining, and life-giving forces represented by the medical, educational, recreational, character-building, and social agencies that community chests now seek to support. Incidentally, generous giving to community chests will contribute directly to that spread of purchasing power that is so essential to the success of the recovery effort."

The recent increase in the national suicide rate and in admissions to state mental hospitals, Dr. Hincks said, reflects the effects of the financial and industrial conditions from which we are now beginning to recover. "The wonder is that these hospitals have not been swamped with new cases, when we consider the extraordinary demands upon adaptation precipitated by the economic crisis. What we do find, however, is a lengthening list of maladjustments of varying degrees of severity that have played havoc with the mental health and morale of many thousands of individuals who have not broken down, but are still hanging on, though with uncertain equilibrium. Such people are coming to psychiatric and mental-hygiene clinics in increasing numbers."

Whether these maladjustments—the mental and emotional consequences of the depression—will result in further augmenting the already large populations in our mental hospitals in later years, he said, will be determined, to a greater or less extent, by the ability of the country's social-service and welfare agencies to carry on. The mental-health value of the work of these agencies was never greater than it is at the present time.

"The success of the 1933 Mobilization for Human Needs is vital to the mental welfare of our people," Dr. Hincks said, "because these agencies stand between accumulating stresses and strains and the breaking point in many cases of potential disablement among those exposed to the rigors of the depression from which we are now emerging. Even for those recently reëmployed, after years of idleness, are the ministrations of our health and welfare organizations important and necessary, because of the feeling of inadequacy and insecurity carried over into their new-found positions from the long period of unemployment.

"It will take time to repair the psychic damages of the depression and to rebuild the mental and emotional lives of its victims. The human needs created by the depression, as the President has recently said, make the services of these agencies doubly necessary during this critical time of transition from the lean years of misery to the better days that loom ahead."

Dr. Hincks likened the depression to the World War in its psychological effects on the national mind. The similarity of the emotional reactions it has evoked to an unusual period of stress and strain, its

threat to national morale, and other manifestations of mass psychology, he said, sharpen the analogy between the present crisis and the war crisis of fifteen years ago.

"Then as now we presented a common front to a common enemy. The epic work of our psychiatrists in France constituted a demonstration in mental hygiene on a vast scale. By their control of the problem of war neurosis ('shell shock') they contributed directly to the conservation of man power and to the fighting efficiency and morale of our troops at the front." But behind them were the services of supply and all the ramifications of a highly organized, intricately geared military machine; and behind that a united nation mobilized for action in every phase of its complex life.

"To-day we are organized again as a nation at war against want and depression. All of our resources are mobilized for the fight for recovery from economic disaster. The NRA is the spearhead of our attack on the forces of depression. Integrated in this movement for the rehabilitation of industry are the combined efforts of city, state, and nation to supply the material wants of the army of the unemployed and their families.

"An essential part of this program for recovery is the 1933 Mobilization for Human Needs—the organized expression of a nation determined to conserve its man power for the battle of life and for the preservation of those social, spiritual, and human values that make life worth while. Directly behind the front lines of the battle against hunger and physical distress conducted by the forces of public relief are the far-flung forces of private social and health work serving human needs in all their ramifications.

"This union of public and private effort works toward the achievement, at one stroke, of two of the country's vital objectives in the fight for recovery—namely, the stimulation of business and industry and reëmployment, and the assurance of sustained support of a system of social service to which America is traditionally committed and is now finding indispensable in the interests of human welfare. As such, it merits the wholehearted endorsement and support of every friend of the mental-hygiene movement, which stands to benefit from both programs—the NRA and the 1933 Mobilization for Human Needs—for the control of mental disease and the preservation of mental health depend to a significant extent upon the work of these agencies."

The Forgotten "Man of To-morrow

What the final mental-health toll of the economic depression will be, measured in terms of additions to the populations of our mental hospitals, or who will be its principal victims long after the return of

better times, can only be conjectured at this time. But it is not unlikely that if and when the mental ill effects of the cataclysm are reduced to statistics, it will be shown that the brunt has been borne by those who are the young men and women of to-day.

The Committee on Unemployed Youth estimates that some three million of our boys and girls have been graduated from the high schools and colleges of the country, or have discontinued their education during the past three years, with little or no chance to be assimilated into the work life of the nation or to embark upon independent livelihoods. The public has little noted, nor does it apparently care much about, the plight of those who, strangely enough, are still considered a "privileged class" as compared with other types of depression sufferers.

After years of training for "self-dependency," many of these young people find themselves drifting through their critical post-school years *sans* aim and *sans* goal, and living upon the scant and hard-earned bread of their over-burdened elders. Where there should be opportunity to meet youth's ambitions, there is rejection and frustration. Where there should be success and achievement to reward energy and perseverance, there is only the humiliation of dependency. What will become of a generation that makes its inauspicious début in the adult world under these demoralizing circumstances? If "well begun is half done," what can be expected of those who have had no chance to begin?

Unquestionably a great many of these young men and women who should be preparing for the responsibilities of a mature adulthood, who should be groomed for positions of leadership in the world of to-morrow, are heading for maladjustment of one sort or another. They are having imprinted upon their impressionable minds the feeling that they are unwanted, that there is no place for them in our economic or social order. Their home life is filled with vexation and irritation, their youthful ardor is being dampened by disillusionment, and their high hopes are being converted into a deep-seated and cynical embitterment against the world in general.

The mental-hygienist can hardly view this situation with complacency. The National Committee for Mental Hygiene has long recognized the mental-health significance of the unemployment problem and is particularly concerned over its effects on youth. It is, therefore, deeply interested in the Committee on Unemployed Youth and its efforts to bring this problem to public attention. Appreciating the mental-health values inherent in its aims, Dr. Clarence M. Hincks and H. Edmund Bullis have sought, as representatives of the mental-hygiene movement, to bring its resources and point of view to bear helpfully upon the work of this group.

Its principal activity thus far has been to survey the scattered educational, recreational, character-building, and other morale-sustaining projects conducted in various parts of the country. This survey is being published in the form of a handbook for the benefit of all agencies, groups, and individuals interested in emulating or elaborating upon the projects reported. It is entitled *Youth Never Comes Again,* and is edited by Miss Clinch Calkins, author of *Men Won't Work,* a significant and widely received sociological study.

The publication of this handbook appears to be a step in the right direction. While our immediate concerns are for the "forgotten man" of to-day, we cannot afford entirely to ignore the forgotten "man of to-morrow."

Prizes Offered by Eugenics Research Association

The Eugenics Research Association, Cold Spring Harbor, Long Island, N. Y., offers a first prize of $3,000 and a second prize of $1,000 for original researches on the "probability of commitment for a mental disorder of any kind, based on the individual's family history." Contestants are at liberty to pursue their own technique in making their investigations, but the association offers to supply a plan which it believes best adapted for the purpose of the contest, which is "to clarify and render more precise the prognostic value of the hereditary factor in the occurrence of mental disorders." The association prefers to be notified by those intending to enter the contest, although this is not obligatory.

Adequate typewritten reports must be presented under a *nom de plume* to the Eugenics Research Association on or before July 1, 1935, accompanied by a sealed envelope containing the name and address of the contestant. The awards will then be made by three judges appointed by the association, whose decision will be final. The text of the prize-winning researches will be published in book form by the association.

"It is to be clearly understood," the announcement states, "that the probability of commitment to an institution is the criterion upon which the research must hinge," and "the criterion for 'mental disorder' shall be as objective as possible.

"The best criterion is 'commitment to an institution, public or private, of any sort for mental disorder of any sort.' This includes, particularly in the old days, poor houses and other 'quest-institutions' for custodial care. Evidence of disordered behavior for a member of a subject family, even if there has been no actual commitment, may be accepted for a period or location which is without institutional facilities.

"The conditions require that evidence of mental disorder shall be based only on the most objective facts, that is, commitment to an institution of some sort or its equivalent in legal restraint or guardianship. This condition protects the research essayist against arbitrarily diagnosing passing stories of strange or disorderly conduct as evidence of mental disorder. The criterion is, therefore, placed at actual custody or guardianship of some sort. . . .

"The criterion of mental disorder is not merely biological; it is social and economic as well, and it depends upon (a) the incidence and degree of disorder, (b) the policy, past and present, and facilities of the community and state, past and present, for institutional commitment of the mentally disordered, and (c) the economic status and social contacts of the family."

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